

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36335

State File No.

10.48

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4039 Registrar's No. 33

1. PLACE OF DEATH
 a. COUNTY Benton
 b. CITY (If outside corporate limits, write RURAL and give township) Lincoln
 c. LENGTH OF STAY (in this place) 1 year
 d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE New Jersey b. COUNTY Bergen
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PALISADES PARK #290
 d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED
 a. (First) MARION b. (Middle) DOUGLAS c. (Last) HENDRIE

4. DATE OF DEATH (Month) (Day) (Year)
Nov 14, 1951

5. SEX Female
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct 5, 1885

9. AGE (In years last birthday) 66 1 9
 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Troon, Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Wallace

13b. MOTHER'S MAIDEN NAME Marion Douglas

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 154-16-7689

17. INFORMANT'S SIGNATURE OR NAME Ms Laurence Daniels ADDRESS Lincoln

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Old Standing Cardiac enlargement + deffubation.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2-3 min - wts

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March, 1951, to Nov 14, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harold B. Wacker (Degree or title) _____

23b. ADDRESS Lincoln, Mo

23c. DATE SIGNED 11/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov. 19, 1951

24c. NAME OF CEMETERY OR CREMATORY Palisades Park

24d. LOCATION (City, town, or county) (State) Palisades Park New Jersey

DATE REC'D BY LOCAL REG. 11-16-51

REGISTRAR'S SIGNATURE E L Eichelhoff

25. FUNERAL DIRECTOR'S SIGNATURE John F Reese ADDRESS Lincoln, Mo

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

3080

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 19 1951

DEC 6 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John F. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.