

No. 300
10.48
FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41026
Registrar's No. 93

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Smithville
c. LENGTH OF STAY (in this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Clay
c. CITY OR TOWN Nashau
d. STREET ADDRESS (If rural, give location) 0247
0

3. NAME OF DECEASED
a. (First) ADDIE b. (Middle) _____ c. (Last) MARKWELL
4. DATE OF DEATH (Month) (Day) (Year) Dec 17-1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct 2-1875 9. AGE (In years last birthday) 76 10. MONTHS 2 11. DAYS 15 12. CITIZEN OF WHAT COUNTRY? USA

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY housekeeper 11. BIRTHPLACE (State or foreign country) Parkville Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. P. Anders 13b. MOTHER'S MAIDEN NAME Frances K. Masteron 14. NAME OF HUSBAND OR WIFE Henry Markwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) no 16. SOCIAL SECURITY NO. no 17. INFORMANT'S SIGNATURE OR NAME Mr. James A. Rasmus ADDRESS Parkville, Mo

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive Jaundice with hepatic failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cholecystitis and cholelithiasis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Arteriosclerosis, general
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
3 mos +
2 yrs +
10 yrs +

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-4-, 19 50, to 12-17, 19 51, that I last saw the deceased alive on 12-17-, 19 51, and that death occurred at 8:10AM from the causes and on the date stated above.

23a. SIGNATURE Otto A. Novota (Degree or title) _____ 23b. ADDRESS Smithville Missouri 23c. DATE SIGNED 12-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec 21-51 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove 24d. LOCATION (City, town, or county) (State) Parkville, Mo

DATE REC'D BY LOCAL REG. 12-21-51 REGISTRAR'S SIGNATURE Beulah Fitchner 63 FUNERAL DIRECTOR'S SIGNATURE J. H. Francis ADDRESS Parkville, Mo

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

3-11-50

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~~.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

L. H. Francis

Licensed Embalmer No. *3451*

P. O. Address *Parkville, Mo.*

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.