

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. <b>16 1050</b>		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>5</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>1 da</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Schee City 10802</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mc Cart Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Estella</b>		b. (Middle)		c. (Last) <b>MARQUIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 10 1952</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>April 5, 1876</b>		9. AGE (in years last birthday) <b>76 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postmistress</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Central Springs, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>J. L. B. Marquis</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah West</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank R. Bailey</b>		ADDRESS <b>Nevada, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>two mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4341</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan. 9, 1952</b> , to <b>Jan. 10, 1952</b> , that I last saw the deceased alive on <b>Jan. 9, 1952</b> , and that death occurred at <b>6:00 A. M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>E. R. King M. D.</b>				23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>1-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 12, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Schee City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-12-1952</b>		REGISTRAR'S SIGNATURE <b>Anna Z. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis &amp; Son</b>		ADDRESS <b>Schee City, Mo.</b>	

APR 3 1952

APR 23 1952

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

*Marion M. Lewis*

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.