

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7743

State File No.

FILED MAR 25 1952

220

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>5266</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH <i>Christian County</i> a. COUNTY <u>Selmore Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Selmore Mo</u>		c. LENGTH OF STAY (in this place) OR yr <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Selmore Mo</u>		<u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Selmore Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Selmore Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>			b. (Middle) <u>—</u>			c. (Last) <u>Marley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1952</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 16, 1887</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u>		IF UNDER 1 HR. Hours <u>—</u> Mins. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Bunion Rainey</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Dryden</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Marley, Ozark Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis?</u> DUE TO (b) <u>Arteriosclerosis?</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4201</u>		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Lee Harris</u> <u>3</u> (Degree or title) <u>Coverer</u>				23b. ADDRESS <u>Clever, Mo.</u>		23c. DATE SIGNED <u>1/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 25 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Selmore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Selmore, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 30 1952</u>		REGISTRAR'S SIGNATURE <u>Luita Leonard</u> <u>59-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chabbin Ozark, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 F. B. Chaffin

Signed.....
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.