

FILED APR 8 1952

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

11697

State File No. Registrar's No. 62

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6113

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crowder, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crowder, Mo	
c. LENGTH OF STAY (In this place)		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. I. Sikeston		d. STREET ADDRESS (If rural, give location) R#1 Sikeston, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Thomas c. (Last) Marvel			4. DATE OF DEATH (Month) (Day) (Year) 3 20 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M /	8. DATE OF BIRTH 5/6/77	9. AGE (In years last birthday) 74	10. MONTHS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Harom Marvel		13b. MOTHER'S MAIDEN NAME Mary Frazer		14. NAME OF HUSBAND OR WIFE Mary Katherine Marvel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mary K. Marvel	
				ADDRESS Crowder, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pneumonia					
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.					
		Arteriosclerosis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X				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) Crowder Scott Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-17, 1952, to 3-20, 1952, that I last saw the deceased alive on 3-10, 1952, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Hunter		(Degree or title)		23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 3-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/21/52		24c. NAME OF CEMETERY OR CREMATORY Morley Cem		24d. LOCATION (City, town, or county) (State) Morley, Mo	

DATE REC'D BY LOCAL REG. 3-25-52		REGISTRAR'S SIGNATURE Mrs. Olla Hunter		EMERALD DIRECTOR'S SIGNATURE Mary Jones		ADDRESS Sikeston Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 31 1952  
SCOTT COUNTY HEALTH CENTER

GO: FILE NO. 352-90

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Superior, Wisc.

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.