

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. MARCUS

20096

State File No. ....

0396

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

JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 649

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> 0396	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b> 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>519 FULBRIGHT</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>MORS</b>	
c. (Last) <b>ELLIOTT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 30 1952</b>	
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b> 3	8. DATE OF BIRTH <b>OCT. 18 1865</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>LOUISVILLE, KENTUCKY</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>JAMES ELLIOTT</b>	
13b. MOTHER'S MAIDEN NAME <b>SARAH RAYBURN</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>DAISY WASKOVSKY SPRINGFIELD, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Several days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Generalized arteriosclerosis</b>	
Morbidity 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 <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332X</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)	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>6/28</b> , 19 <b>52</b> , to <b>6/30</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6/20</b> , 19 <b>52</b> , and that death occurred at <b>8:10 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward Marcus M. D.</b> (Degree or title)		23b. ADDRESS <b>623 Woodruff Bldg.</b>	23c. DATE SIGNED <b>7/1/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7/2/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
DATE REC'D BY LOCAL REG. <b>7-3-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>	

**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

*Walter E Hamilton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.**

3. No. 300  
10. 48

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0396

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Item # 3 amended by affidavit of granddaughter of deceased 10-28-93

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> <u>0396</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (In this place) <u>STAY</u>		d. STREET ADDRESS (If rural, give location) <u>519 FULBRIGHT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>ELLIOTT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>OCT. 18 1865</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>86</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LOUISVILLE, KENTUCKY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH RAYBURN</u>	14. NAME OF HUSBAND OR WIFE
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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. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DAISY WASKOVSKY</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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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) <u>Cerebral thrombosis</u>  ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u> Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Several days</u>
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 <u>332X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 6/28, 1952, to 6/30, 1952, that I last saw the deceased alive on 6/30, 1952, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Marcus</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>623 Woodruff Bldg.</u>	23c. DATE SIGNED <u>7/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HAZELWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-3-52</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u>	ADDRESS <u>SPRINGFIELD, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)