

SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30668

BIRTH NO. 58240 REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colo. b. COUNTY Denver	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY (If outside corporate limits, write RURAL and give township) Wheatridge, Colorado. 8050	
c. LENGTH OF STAY (in this place) 40 min.		d. STREET ADDRESS (If rural, give location) 3740 J. Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents Hospital			

3. NAME OF DECEASED (Type or Print) Jackie Scott Marbut			4. DATE OF DEATH (Month) (Day) (Year) Sept 13 52		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Sept 13-52	9. AGE (in years last birthday) 40	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and State or Foreign Country) Monett, Missouri	

13a. FATHER'S NAME Raymond J Marbut		13b. MOTHER'S MAIDEN NAME Ruby Emaline Smith		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Raymond J. Marbut, Wheatridge, Colo.	
15. (If yes, give war or dates of service) none				ADDRESS Wheatridge, Colo.	

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) <i>Respiratory failure cause unknown</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 40 min
		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 76 25		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 Sept 13, 1952, to _____, 19____, that I last saw the deceased alive on Sept 13, 1952, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Dooly M.D.		23b. ADDRESS Monett Mo		23c. DATE SIGNED Sept 23 52	
23a. (Degree of title)					

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 15-52		24c. NAME OF CEMETERY OR CREMATORY Sparks Cemetery		24d. LOCATION (City, town, or county) South East of Purdy Mo. (State)	
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DATE REC'D BY LOCAL REG. 9-23-52		REGISTRAR'S SIGNATURE Charles W. Wornington		25. FUNERAL DIRECTOR'S SIGNATURE Bennett & Wornington		ADDRESS Monett, Mo	
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(Licensed Embalmers' Statements on Reverse Side)

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

5051
0

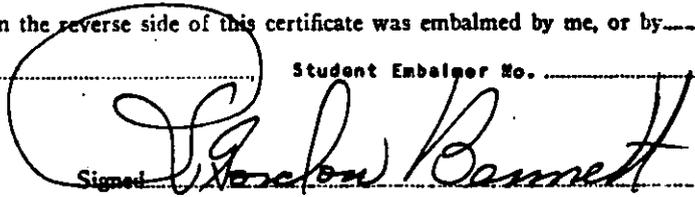
STATEMENT BY LICENSED EMBALMER

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.

Signed



Student

Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, 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.