

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30816**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1064

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>41 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3006 North 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>MARVIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 4 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 2, 1870</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Leon, Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Shanks</u>		14. NAME OF HUSBAND OR WIFE <u>Edward H. Marvin</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C. W. Marvin</u> ADDRESS <u>St. Joseph 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>			
		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		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)			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 9-29, 1952 to 10-3, 1952, that I last saw the deceased alive on 10-2, 1952, and that death occurred at 12:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>C. L. Ferguson</u> (Degree or title)		23b. ADDRESS <u>8015 Prairie St.</u>		23c. DATE SIGNED <u>10-6-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Costello</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shoney Funeral Home</u> ADDRESS <u>St. Joseph, Mo.</u>	
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**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.....

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working under my personal supervision.

Student Embalmer No.....

Signed..... *Charles E. Bennett* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4622* .....

P. O. Address *St. Joseph, 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.