

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Holluberg
State File No. 35498

BIRTH NO. _____ REG. DIST. NO. 161 PRIMARY REG. DIST. NO. 4256 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>	
c. LENGTH OF STAY (in this place) <u>68 YR</u>		d. STREET ADDRESS (If rural, give location) <u>E. 2ND STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME E 2ND ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u> b. (Middle) _____ c. (Last) <u>MARKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 5 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV 18 1881</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPT WATER WKS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPAL WATER</u>		11. BIRTHPLACE (State or foreign country) <u>FLORISSANT MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>HENRY MARKS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNE WILLEMS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY LESSIE MARKS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY L MARKS</u> ADDRESS <u>HOLDEN 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma Ascending Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstruction Ascending Colon relieved by surgery</u>			
		DUE TO (c) <u>Metastasis to liver and spleen</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		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) <u>153 X</u>	
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?	

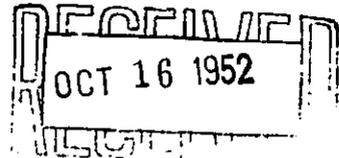
22. I hereby certify that I attended the deceased from May 7, 1948, to Oct 5, 1952, that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James M. Hulburg</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Holden, Mo.</u>		23c. DATE SIGNED <u>10-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 7 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>HOLDEN MISSOURI</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>10-15-52</u>		REGISTRAR'S SIGNATURE <u>Mrs James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Rupp</u> ADDRESS <u>Holden, Mo.</u>	

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

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OCT 20 1952



JOHNSON COUNTY HEALTH DEPT.

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.

Student
Student Embalmer

Signed *W. L. Canaday*.....

Licensed Embalmer No. *3434*.....

P. O. Address *Baldwin 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.