

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35985

State File No.

FILED NOV 10 1952

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5992</u>		Registrar's No. <u>75</u>			
1. PLACE OF DEATH a. COUNTY <p align="center">PUTNAM</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">MISSOURI</p>				b. COUNTY <p align="center">PUTNAM</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" LINCOLN TOWNSHIP		c. LENGTH OF STAY (in this place) LIFE TIME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" LINCOLN TOWNSHIP		0860			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">.....</p>				d. STREET ADDRESS (If rural, give location) <p align="center">UNIONVILLE</p>					
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">MARY</p>			b. (Middle) <p align="center">FRANCIS</p>		c. (Last) <p align="center">MARCUM</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">NOVEMBER 5, 1952</p>		
5. SEX <p align="center">FEMALE</p>		6. COLOR OR RACE <p align="center">WHITE</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">WIDOWED</p>		8. DATE OF BIRTH <p align="center">FEBRUARY 14, 1870</p>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <p align="center">82 8 21</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">HOUSEWIFE</p>			10b. KIND OF BUSINESS OR INDUSTRY <p align="center">OWN HOME</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">PUTNAM COUNTY, MISSOURI</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">U. S. A.</p>	
13a. FATHER'S NAME <p align="center">JOHN WICKELS</p>			13b. MOTHER'S MAIDEN NAME <p align="center">LETICIA RANES</p>			14. NAME OF HUSBAND OR WIFE <p align="center">WILLIAM RILEY MARCUM</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">NO</p>			16. SOCIAL SECURITY NO. <p align="center">NONE</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">HENRY MARCUM UNIONVILLE, MISSOURI R.F.D.</p>				
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) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>arteriosclerosis</u>						years	
		DUE TO (c) <u>hypertension</u>						years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">331X</p>						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) (Min.)		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 <u>Oct 8, 1949</u> to <u>Nov 5, 1952</u> , that I last saw the deceased alive on <u>Nov 5, 1952</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <p align="center">Chas. L. Judd D.O.</p>				23b. ADDRESS <p align="center">Unionville Mo</p>		23c. DATE SIGNED <p align="center">11/6/52</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">BURIAL</p>		24b. DATE <p align="center">11/6/52</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">THOMPSON CEMETERY</p>		24d. LOCATION (City, town, or county) (State) <p align="center">PUTNAM COUNTY, MISSOURI</p>			
DATE REC'D BY LOCAL REG. <p align="center">11-7-52</p>		REGISTRAR'S SIGNATURE <p align="center">Marcell Durbin</p>			25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">BY John A. Comstock</p>		ADDRESS <p align="center">UNIONVILLE, MO.</p>		

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

(Licensed Embalmer's Statement on Reverse Side)

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

John N. Comstock

Licensed Embalmer No.

3891

P. O. Address

Greenville, 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.