

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39394**

**FILED** DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>3040</b>		Registrar's No. <b>463</b>	
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. LENGTH OF STAY (in this place) <b>49 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		<b>0592</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>210 Polk Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b>			b. (Middle) <b>Joseph</b>		c. (Last) <b>Markey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 25 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 9, 1903</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Finance &amp; Sheet Metal</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Arthur Markey</b>			13b. MOTHER'S MAIDEN NAME <b>Emily Staubinger</b>		14. NAME OF HUSBAND OR WIFE <b>Vera Howard Markey</b>		
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>No Record</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Raymond J. Markey; Chillicothe, Mo.</b>			
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) <b>Respiratory failure acute,</b>				INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>sportsman's cerebral hemorrhage</b>				<b>4 days</b>	
		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 <b>331X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Nov 17, 1952</b> , to <b>Nov 25, 1952</b> , that I last saw the deceased alive on <b>Nov 25, 1952</b> , and that death occurred at <b>4:45 P. m.</b> , from the causes and on the date stated above.							
23. SIGNATURE <b>Joseph Conrad M.D.</b>				23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>Nov 26 52</b>	
24. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>11-28-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-28-52</b>		REGISTRAR'S SIGNATURE <b>Frances B Neill</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Norman Funeral Home; Chillicothe, Mo.</b>			

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

MAR 10 1956

DEC 8 1952

**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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.