

# STANDARD CERTIFICATE OF DEATH

State File No. **41886**

0300

**FILED DEC 23 1952**

REG. DIST. NO.

PRIMARY REG. DIST. NO. **4158**

Registrar's No. **68**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>DALLAS</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BUFFALO</b> c. LENGTH OF STAY (in this place) <b>10 yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buffalo</b> <b>0300</b> d. STREET ADDRESS (If rural, give location) <b>D</b>	
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<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>FLORA</b>	b. (Middle) <b>ADELINE</b>	c. (Last) <b>MARRON</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12. 13 1952</b>
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<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> <b>10-29-1883</b>	<b>9. AGE</b> (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Housekeeper		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) Laclede Co Mo		<b>12. CITY OF WHAT COUNTRY?</b> USA

<b>13a. FATHER'S NAME</b> Winder Bladen	<b>13b. MOTHER'S MAIDEN NAME</b> Elizabeth Goble	<b>14. NAME OF HUSBAND OR WIFE</b> Ray
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> Ray W. Aron	<b>ADDRESS</b> Buffalo Mo
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Terminal Pneumonia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 day</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>4 day</b>
	DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>10 yrs +</b>
	DUE TO (c) <b>Hypertension + arteriosclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS-</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>331X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from May, 1948, to 12-13, 1952, that I last saw the deceased alive on 12-13, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> O. Griffin mo	<b>23b. ADDRESS</b> Buffalo Mo	<b>23c. DATE SIGNED</b> 12-16-52
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> 12-16-1952	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Oak Lawn	<b>24d. LOCATION</b> (City, town, or county) (State) Buffalo Mo
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<b>DATE REC'D BY LOCAL REG.</b> 12-17-52	<b>REGISTRAR'S SIGNATURE</b> Grace P. ...	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> R. B. Jones	<b>ADDRESS</b> Buffalo Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954  
APR 15 1954

**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 Morris B Jones.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4322.....

P. O. Address Buffalo, 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.