

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6656

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5618 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Knos.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Knos.</i>	
b. CITY OR TOWN <i>Baring, Humburg, Life</i>		c. CITY OR TOWN <i>Baring - Humburg</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Michael</i>	b. (Middle) <i>Marra</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				<i>82-7-1953</i>

5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 HR.
		<i>Widowed</i>	<i>9-25-1870</i>	<i>83</i>	<i>4</i>	<i>12</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<i>Farmer</i>	<i>Retired</i>	<i>Knos County, MO</i>	<i>U.S.</i>

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF WIFE(S) OR WIFE
<i>Patrick Marra</i>	<i>Margaret Hoffman</i>	<i>Deceased</i>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
<i>no.</i>	<i>no.</i>	<i>X Glenn Marra</i>	<i>Baring MO</i>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia Virus</i>		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) _____ DUE TO (c) <i>492X</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Myocarditis</i>		

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)
		<i>Baring Knos MO</i>

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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on ~~not present~~ *time of death* and that death occurred on \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
<i>Ed. Dennis D.O.</i>	<i>Baring, Mo</i>	<i>2/9/53</i>

24a. BURIAL OR CREMATION (Specify)	24b. DATE	24c. NAME OF REMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>2-9-53</i>	<i>St. Agnes</i>	<i>Baring MO</i>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
<i>Feb. 11-53</i>	<i>Helle S. Hundt</i>	<i>Telly's Funeral Home</i>	<i>Knos, Mo</i>

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

520

**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 Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edina, 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.