

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9976**
1463

FILED APR 9 1953

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Holden, MO 0510					
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Medical Center				d. STREET ADDRESS (If rural, give location) Highway #131 So					
3. NAME OF DECEASED a. (First) James			b. (Middle) Markland			c. (Last) Markland			
4. DATE OF DEATH (Month) (Day) (Year) 2/12/53		5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10/10/95	
9. AGE (In years) (last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher of schools		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and State or Foreign Country) MO.		12. CITIZENSHIP OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME James Edward Markland			13b. MOTHER'S MAIDEN NAME Ida Belle Snyder			14. NAME OF HUSBAND OR WIFE Georgia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W. W. 1 none		17. INFORMANT'S SIGNATURE OR NAME Georgia Markland				ADDRESS Holden, Mo.	
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) Pulmonary Embolus						INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES DUE TO (b) Fractured Back						6 weeks	
		DUE TO (c) Fractured Leg						6 weeks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 2-1-53		19b. MAJOR FINDINGS OF OPERATION Fractured back - Fractured Leg						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, etc.) Farm - Holden, MO		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holden Johnson MO.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-31-53		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off Hay Loft					
22. I hereby certify that I attended the deceased from 1-31, 1953 to 3-12, 1953 , that I last saw the deceased alive on 3-11, 1953 , and that death occurred at 5:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Joseph H. Prantz				23b. ADDRESS 1103 Grand		23c. DATE SIGNED 3-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 53		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden MO			
DATE REC'D BY LOCAL REG. 3-12-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Crubday & Kapp				
					ADDRESS Holden Mo				

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

APR 9 1956

MAY 8 1956

JAN 2 1956

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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. J. Cradock

Licensed Embalmer No. 3434

P. O. Address Holden, 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.