No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16936

State File No.

FILED JUN 15 1953

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5014 Registrar's No. 42

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

1. PLACE OF DEATH
a. COUNTY Andrew 0020 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rochester Twp
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. #3 St. Joseph Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Andrew 0020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural 0
d. STREET ADDRESS (If rural, give location) R.F.D. #3 St. Joseph

3. NAME OF DECEASED (Type or Print)
a. (First) ELMER
b. (Middle) EMMETT
c. (Last) MARSCHEL

4. DATE OF DEATH (Month) (Day) (Year) June 4, 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0
8. DATE OF BIRTH Oct. 17 1889
9. AGE (In years last birthday) 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Joseph Marschel
13b. MOTHER'S MAIDEN NAME Louise Fintel
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eugene Panigot — ADDRESS St. Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Arterial — 5 yrs
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 443X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-19-48, 19___, *to* 6-4-53, 19___, *that I last saw the deceased alive on* 4-21-53, 19___, *and that death occurred at* 1:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H C Senne MD
23b. ADDRESS 201 P.S. Bldg St Joseph, Mo
23c. DATE SIGNED 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 6 1953
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) St. Joseph (State) Missouri

DATE REC'D BY LOCAL REG. 6-9-53
REGISTRAR'S SIGNATURE Lillian Sparks 2-11
25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home — ADDRESS St. Joseph Mo.

(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 Charles E. Bennett

Licensed Embalmer No. #6 77

P. O. Address St. Joseph 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.