

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22094

State File No. ....

FILED JUN 23 1953

|  |                               |   |  |   |   |  |  |   |  |
|--|-------------------------------|---|--|---|---|--|--|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>383</u>   |  | PRIMARY REG. DIST. NO. <u>5655</u>  |   | Registrar's No. <u>52</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>  |   |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Mt. Vernon</u> )   |                               | c. LENGTH OF STAY (in this place) <u>1 Yr.</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>  |   | 0051   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Hedges (Rest. Home)</u>   |                               |   |  | d. STREET ADDRESS (If rural, give location) <u>903 Lincoln St.</u>  |   |  |  |   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>JACOB</u>   |                               |   | b. (Middle) <u>MONROE</u>                              |   | c. (Last) <u>MARBUT</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1953</u> |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   | 8. DATE OF BIRTH <u>May 24, 1867</u>                   | 9. AGE (In years last birthday) <u>86</u>   | IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>                  | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>                                      |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>McDowell, Mo. Barry County</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |   |  |
| 13a. FATHER'S NAME <u>Nathan T. Marbut</u>   |                               |   | 13b. MOTHER'S MAIDEN NAME <u>Melinda Jane Browning</u> |   | 14. NAME OF HUSBAND OR WIFE (deceased) <u>Alta Smith Marbut</u> |  |  |   |  |
| 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 <u>Mrs. Pat Willis Monett, Mo.</u>  |   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular</u><br>ANTECEDENT CAUSES <u>Accidents</u><br>DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS - <u>Pyelonephritis</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>6/15/53</u><br><br><u>17 yr</u> |  |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 331X  |   | 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, 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 checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____  |   |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>7/14, 1951</u> , to <u>6-18, 1953</u> that I last saw the deceased alive on <u>6/18, 1953</u> and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above. |                               |   |  |   |   |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>G. J. ... Mo.</u>  |                               |   |  | 23b. ADDRESS <u>Mt. Vernon Mo.</u>  |   | 23c. DATE SIGNED <u>6/22/53</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>June 20, 1953</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>                 |  |   |  |
| DATE REC'D BY LOCAL REG. <u>6-20-53</u>  |                               | REGISTRAR'S SIGNATURE <u>Cecil ...</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. P. ...</u>   |   | ADDRESS <u>Monett Mo.</u>  |  |   |  |

**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

*J. B. Buchanan*

Licensed Embalmer No. 3149

P. O. Address

*W. Smith 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.