

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25382**

State File No. ....

**FILED JUL 24 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 323

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>418 1/2 Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>MARQUESS</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 10, 1953</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>December 11, 1885</u>	<b>9. AGE</b> (In years last birthday) <u>67</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 12 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Domestic</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Galena, Kansas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
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<b>13a. FATHER'S NAME</b> <u>William T. Dines</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Talitha Wright</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Orin Marquess (DECEASED)</u>
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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) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs Asa George</u>	<b>ADDRESS</b> <u>1005 Rex Crossing Joplin Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Past yr.</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>General carcionmatosis</u>		
	<b>ANTECEDENT CAUSES</b>  DUE TO (b) <u>Carcinoma of the thyroid</u>  DUE TO (c) _____		
<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>20. AUTOPSY?</b> YES <input checked="" 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> _____
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<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> _____
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**22. I hereby certify that I attended the deceased from** 1-17 1952 **to** 7-10 1953, **that I last saw the deceased alive on** 7-10 1953 **and that death occurred at** 11:20 A.M. **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u> (Degree or title) _____	<b>23b. ADDRESS</b> <u>410 Jackson, Joplin, Missouri 71</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>July 13, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hillcrest Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Galena, Kansas</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>7-15-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	<b>ADDRESS</b> <u>Thornhill-Dillon Mort Joplin, mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7-23-55

Jasper County Health Office

County File Number 606

Date Filed 7-23

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4770

P. O. Address. Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.