

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30737

State File No.

FILED AUG 24 1953

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 164		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Twp. Rural</u>		c. LENGTH OF STAY (in this place) <u>2 yr. 11m.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> 0532 1				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>				d. STREET ADDRESS (If rural, give location) <u>1157 Beverly</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>			b. (Middle) <u>Tim</u>		c. (Last) <u>Mareno</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16--1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Oct. 10, 1938</u>		9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Patient</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>		11. BIRTHPLACE (State or foreign country) <u>Cincinnati, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Mareno</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Vaughan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State School records, Marshall, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>						<u>Unknown</u>	
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
	DUE TO (b) <u>Myocarditis</u>						"	
	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 -----				20. AUTOPSY? <u>4222</u> 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) m. -----		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? -----				
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>51</u> , to <u>8-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Aug. 16</u> , 19 <u>53</u> , and that death occurred at <u>8 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James H. Davidson M.D.</u>				23b. ADDRESS <u>Missouri State School, Mo.</u>		23c. DATE SIGNED <u>8-17-1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-17-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-17-1953</u>		REGISTRAR'S SIGNATURE <u>Bidney T Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0970
2

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.

Signed.....
Student Embalmer

Signed Joseph R. Maddler
Licensed Embalmer No. 4571

P. O. Address Marshall, 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.