

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35324

FILED NOV 2 - 1953

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>68</u>		PRIMARY REG. DIST. NO. <u>4119</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> COUNTY <u>Christian</u> DISTRICT <u>1220</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hagewood Hos.</u>				d. STREET ADDRESS (If rural, give location) <u>Christian Co. Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Eddie</u>		b. (Middle) <u>Ezra</u>		c. (Last) <u>Marley</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>April 10, 1878</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm B. Marley</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Tillman</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE <u>Paul Marley</u> ADDRESS <u>57 Th.-12 Tracy, K.C. Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of left kidney with metastasis to lungs and bones!</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Approx 6 mos.</u>	
19a. DATE OF OPERATION <u>Early Oct 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of left kidney</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>April 1, 1953</u> , to <u>8 Oct, 1953</u> , that I last saw the deceased alive on <u>8 Oct, 1953</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Cooper</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ozark, Mo.</u>		23c. DATE SIGNED <u>8 Oct. 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 11, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Selmore Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-29-1953</u>		REGISTRAR'S SIGNATURE <u>Netta Leonard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark, Mo.</u>			

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

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

F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.