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

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FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39544

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 144

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg,
c. LENGTH OF STAY (In this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, No.5, Warrensburg, Mo.
d. STREET ADDRESS (If rural, give location): R.R. No. 5, 0510

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Leland c. (Last) Marr,

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 7, 1934

9. AGE (In years last birthday): 18 | 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): Truck Driver,

10b. KIND OF BUSINESS OR INDUSTRY: Rock Hauling,

11. BIRTHPLACE (State or foreign country): Johnson County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Everett Marr,

13b. MOTHER'S MAIDEN NAME: Minnie Rance

14. NAME OF HUSBAND OR WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / no

16. SOCIAL SECURITY NO.: 493-38-3559

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. Everett Marr, Warrensburg, 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) Multipile Head Injuries,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain Concussion,

DUE TO (c) Automobile Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 13,

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Johnson County, Missouri.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-31-53 (10:30PM)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile Accident.

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* 10-31-____, *19*53, *that I last saw the deceased alive on* 10-31-____, *19*53, *and that death occurred at* 1:00Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kelly Rawlins, Coroner, M.D.

23b. ADDRESS: Holden, Missouri

23c. DATE SIGNED: 10-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-2-1953

24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery

24d. LOCATION (City, town, or county) (State): Warrensburg, Missouri.

DATE REC'D BY LOCAL REG.: Nov. 9, 1953

REGISTRAR'S SIGNATURE: Savannah Crittenden 147-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R A Brannigan Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1954

RECEIVED
NOV 16 1953
JOHNSON COUNTY HEALTH DEPT.

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.

Student Embalmer No.....

Signed R. W. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

Signed.....
Student Embalmer

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.