

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43803**  
REGISTRAR'S No. **63**

FILED DEC 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **4402**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Steele</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steele</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>0780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED a. (First) <b>Joseph</b> b. (Middle) <b>Bridget</b> c. (Last) <b>Marcerum</b>			4. DATE OF DEATH (Month) <b>12</b> (Day) <b>6</b> (Year) <b>53</b>		
5. SEX <b>M</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-12-1871</b>	9. AGE (In years last birthday) <b>82</b> IF UNDER 1 YEAR Months <b>8</b> Days <b>24</b> IF UNDER 28 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Strungers Ky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Marcerum</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Reibow</b>		14. NAME OF HUSBAND OR WIFE <b>Ernie F Marcerum</b>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Sidney Marcerum Steele mo</b> ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prostatic Hypertrophy - senility, mal nutrition</b>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>610 X</b>		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) <b>Steele Pemiscot mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **8-15-1953**, to **12-6-1953**, that I last saw the deceased alive on **12-6-1953**, and that death occurred at **4:50** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J.R. Chapman M.D.</b> (Degree or title)		23b. ADDRESS <b>Steele, mo</b>		23c. DATE SIGNED <b>12-18-53</b>	
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24a. MANNER OF CREMATION (Specify) <b>burial</b>		24b. DATE <b>12-8-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Little Craigie</b>		24d. LOCATION (City, town, or county) (State) <b>Cassherman mo</b>	
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DATE REC'D BY LOCAL REG. <b>12/21-53</b>		REGISTRAR'S SIGNATURE <b>J.R. Chapman</b> <b>49-0</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>German and Co</b> ADDRESS <b>Steele mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12-392-53

JAN 6

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

DEC 22 1953

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.....

*John H. German*

Signed.....

Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address. *Hayti, 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.