

FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44024

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 425

941

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

1. PLACE OF DEATH a. COUNTY St. Francois County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) Cantwell	
c. LENGTH OF STAY (in this place) 3 Da.		d. STREET ADDRESS (If rural, give location) 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Edward c. (Last) Marler			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14, 1897	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR (Days) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trap Man		10b. KIND OF BUSINESS OR INDUSTRY Lead Company		11. BIRTHPLACE (State or foreign country) Herculaneum, Mo.	
13a. FATHER'S NAME William Marler			13b. MOTHER'S MAIDEN NAME Lutisha Jarrells		14. NAME OF HUSBAND OR WIFE Della Marler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-03-9492		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Della Marler Cantwell, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis acuta			INTERVAL BETWEEN ONSET AND DEATH 5d		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANCECEDENT 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* Bronchial asthma		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

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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 Dec 2, 1953, to Dec 5, 1953, that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. C. Gable, M.D.		23b. ADDRESS Desloge, Mo.		23c. DATE SIGNED 12-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/53		24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	
24d. LOCATION (City, town, or county) (State) Farmington, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.			
DATE REC'D BY LOCAL REG. Dec 10, 1953		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Z. Boyer & Son Desloge, Mo.	

34001

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 *B. T. Bayer*

Licensed Embalmer No. *3465*

P. O. Address *Malaga 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.