

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4067

State File No. ....

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>21 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1614 Lovers Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1520 Francis Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHYL</u> b. (Middle) <u>MARIE</u> c. (Last) <u>MARKT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 26, 1902</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Days <u>0</u> IF UNDER 1 YEAR Hours <u>0</u> IF UNDER 1 YEAR Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maitland, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Oliver Goodhart</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Vernon H. Markt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Vernon H. Markt St. Joseph, 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>Congestive heart disease</u>		DUPLICATE OF (a) <u>Hypertensive cardiovascular disease</u>		<u>5 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Diabetes mellitus.</u>		<u>5 yrs.</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443 X</u>	
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 12-24, 1953, to 2-10, 1954, that I last saw the deceased alive on 2-4, 1954, and that death occurred at 8:10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Gordon Sawyer M.D.</u> (Degree or title)		23b. ADDRESS <u>902 Edmond Street, City</u>		23c. DATE SIGNED <u>2/10/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Feb 15, 1954</u>		REGISTRAR'S SIGNATURE <u>Catherine M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Home Funeral Home St. Joseph Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Charles E. Bennett*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4677*.....

P. O. Address *St Joseph 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.