

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4129

State File No. \_\_\_\_\_  
Registrar's No. 138

BIRTH NO. FILED FEB 19 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE No. b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Williamsville 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION None, Enroute to Hosp.		d. STREET ADDRESS (If rural, give location) None 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Laura	b. (Middle) E.	c. (Last) Marler	(Month) Jan.	(Day) 29	(Year) 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 8, 1869	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 21	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Proprietor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME David F. Clark	13b. MOTHER'S MAIDEN NAME Theresa Warren	14. NAME OF HUSBAND OR WIFE Andrew Marler, Decd.
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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. 7-1	17. INFORMANT'S SIGNATURE OR NAME W. C. Marler	ADDRESS Poplar Bluff, Mo.
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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) Coronary occlusion	DUE TO (b) Chronic valvular heart disease 2 yrs		4 hrs.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) arteriosclerosis		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 27 Jan 1954 to 29 Jan 1954, that I last saw the deceased alive on 29 Jan 1954, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cyril A. Post, M.D.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 31 Feb 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-54	24c. NAME OF CEMETERY OR CREMATORY Williamsville	24d. LOCATION (City, town, or county) (State) Williamsville, Mo.
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DATE REC'D BY LOCAL REG. 2/9/54	REGISTRAR'S SIGNATURE R. H. Maxwell	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell	ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
FEB 15 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

[APR 2 1954]

**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 *Gover W. Heer*

Licensed Embalmer No. *2964*

P. O. Address *Logan Bluff*

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.