

STANDARD CERTIFICATE OF DEATH

State File No. **4543**BIRTH **FILED FEB 23 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **195**

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 60 years		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION 2035 West Olive				e. STREET ADDRESS (If rural, give location) 2035 West Olive 0396									
3. NAME OF DECEASED (Type or Print) a. (First) FLORADA			b. (Middle) MARLER		c. (Last) LAMB		4. DATE OF DEATH (Month) (Day) (Year) February 16 1954						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH December 22, 1872		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Douglas County, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME W H Marler				13b. MOTHER'S MAIDEN NAME Jane Sartin				14. NAME OF HUSBAND OR WIFE ---					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J E Allen, Springfield, Missouri							
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										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia										4 WEEKS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Myocarditis										1-2 YRS	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neoplasm (Recto Sigmoid Junction)										about 5 YRS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222										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)							
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 Jan 11, 1954 , to Feb 16, 1954 , that I last saw the deceased alive on Feb 15, 1954 , and that death occurred at 6:30A m., from the causes and on the date stated above.													
23a. SIGNATURE William Casper, D.D.						23b. ADDRESS Springfield Mo			23c. DATE SIGNED Feb 18, 1954				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-54		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery			24d. LOCATION (City, town, or county) (State) Springfield, Missouri						
DATE REC'D BY LOCAL REG. 2-20-54		REGISTRAR'S SIGNATURE Edith Williams			25. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Winkle			ADDRESS Springfield, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1955

Dr
San

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.....
Signature of Student Embalmer

Signed *James W. Wair*.....
Licensed Embalmer No. 465.....
P. O. Address *Springfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.