FILED MAY 12 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11680

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN MERAMEC
c. LENGTH OF STAY (In this place): 45 yr, s
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTHSIDE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN MO.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 036 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LEMUEL
c. (Last): MARKS

4. DATE OF DEATH (Month) (Day) (Year): 5 7 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-10-1884
9. AGE (In years last birthday): 69 — If under 1 year: Months 9 Days 27 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY WORK
10b. KIND OF BUSINESS OR INDUSTRY: SHOE FACTORY
11. BIRTHPLACE (City and State or Foreign Country): RICHLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: JOHN W MARKS
13b. MOTHER'S MAIDEN NAME: ELIZABETH STOCKTON
14. NAME OF HUSBAND OR WIFE: DELA KLAUSER MARKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-03-7626
17. INFORMANT'S SIGNATURE OR NAME: MRS JOHN MARKS
ADDRESS: SULLIVAN MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malnutrition — 3 months
DUE TO (c) Prostatic Carcinoma & Metastasis — 2 years

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: 177X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* May, 1954, *that I last saw the deceased alive on* May 6, 1954, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Merle H. Peterson
(Degree or title): M.D.
23b. ADDRESS: 40½ N. Clark St. Sullivan Mo.
23c. DATE SIGNED: May 8 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-10-1954
24c. NAME OF CEMETERY OR CREMATORY: ST. ANTHONY CEMETERY
24d. LOCATION (City, town, or county) (State): SULLIVAN FRANKLIN MO.

DATE REC'D BY LOCAL REG.: 5/10/54
REGISTRAR'S SIGNATURE: Thomas A. Humphrey
496-d
25. FUNERAL DIRECTOR'S SIGNATURE: Thos P. Shoffer
ADDRESS: Sullivan Mo.
(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 emba

by me, or by .....me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Paul F. Knollen

Licensed Embalmer No. 263

P. O. Address Sullivan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.