

FILED MAY 18 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14990**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 495

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) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>St. Joseph</u>	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 <u>1311 1/2 Penn Street</u>		e. STREET ADDRESS (If rural, give location) <u>1311 1/2 Penn Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Fred</u> c. (Last) <u>Marquardt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 19, 1874</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.P. Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Merrill, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Marquardt</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Lena Marquardt</u>	ADDRESS <u>St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1948</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary in tongue origin</u> DUE TO (c) <u>ating first part of 1948.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>141 X</u>

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 8-10 <sup>1948</sup> to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954, and that death occurred at 6:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Fisher M.D.</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>824 Edmund, City</u>	23c. DATE SIGNED <u>5/12/54</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 11, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas.</u>
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DATE REC'D BY LOCAL REG. <u>May 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Kathern M. Allison</u>	495	25. FUNERAL DIRECTOR'S SIGNATURE <u>Amiechoffe - Freeman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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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 .....\*\*\*\*.....\*\*\*\*, Student Embalmer No.....\*\*  
working under my personal supervision..

Student.....\*\*\* \*\*  
Signature of Student Embalmer

Signed *Albert P. Gardner*.....  
Licensed Embalmer No. 3258

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