FILED JUL 20 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23342

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 320

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 12 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Garden 8150 8
d. STREET ADDRESS (If rural, give location): 3 miles west of Galena, Kans.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Terry
b. (Middle): Albert
c. (Last): Marlow

**4. DATE OF DEATH** (Month) (Day) (Year): July 13, 1954

**5. SEX**: M 9
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: 10/7/1878
**9. AGE** (In years last birthday): 65 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Self employed
**11. BIRTHPLACE** (State or foreign country): Missouri 9
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Jim Marlow
**13b. MOTHER'S MAIDEN NAME**: Rebecca Stone
**14. NAME OF HUSBAND OR WIFE**: Belle Marlow

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME**: Belle Marlow
**ADDRESS**: RRI Galena, Kan

**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): Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Lues, Tabo Paresis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Arteriosclerosis, Generalized — 10 yrs

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
025X
**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* July, 1947, *to* 13 July, 1954, *that I last saw the deceased alive on* 13 July, 1954, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert G Powell M.D.
**23b. ADDRESS**: Galena Kans
**23c. DATE SIGNED**: 16 July 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 7/13/54
**24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest
**24d. LOCATION** (City, town, or county) (State): Galena, Kansas

**DATE REC'D BY LOCAL REG.**: 7-16-54
**REGISTRAR'S SIGNATURE**: Ed S. James 138 by Dolores Lampkin D.R.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wm E Patect
**ADDRESS**: Galena Kansas

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1955

OCT 19 1955

RECEIVED JUL 19
Jasper County Health Of
County File Number 54-7
Date Filed JUL 19

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.