

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4323 State File No. 31259

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5261 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a- STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u>		c. CITY OR TOWN <u>Palmyra</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Maple Lawn Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eliza Jane</u> b. (Middle) <u>Marsielles</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>September 28, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 3, 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>25</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Alexander Aylor</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Aylor</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Marsielles (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. C. Anderson Hannibal Missouri</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Sept 15, 1954, to Sept 28, 1954, that I last saw the deceased alive on Sept 24, 1954, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. Lusk</u>		(Degree or title) <u>M.D. P.</u>		23b. ADDRESS <u>Hannibal</u>		23c. DATE SIGNED <u>9-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10/4/54</u>		REGISTRAR'S SIGNATURE <u>A. E. M. Lusk</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford</u>		ADDRESS <u>Hannibal Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0640
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OCT 12 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

OCT 12 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.....
Signature of Student Embalmer

Signed *John S. Stand*

Licensed Embalmer No. 4540.....

P. O. Address Hannibal, Missou

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.