

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33359

No. 300
10.48

0250

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PLATTSBURG</u>		c. CITY OR TOWN <u>PLATTSBURG</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>6250</u>	
3. NAME OF DECEASED (Type or Print) <u>MARLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-27-1954</u>	
a. (First) <u>MARLE</u>		b. (Middle) <u>BOSIER</u>	
c. (Last) <u>BOSIER</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-1-1889</u>
9. AGE (In years) (If under 1 year last birthday) <u>64</u>		10. YOUNG (In years) (If under 24 hrs. Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>PLATTSBURG, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GRANVILLE THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA CLARK</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hazel Monroe Liberty, Mo</u>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Aneurysm Rupture</u> DUE TO (c) <u>Arteriosclerosis + Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>5-10 min</u> <u>4-5 years</u> <u>10-15 years</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (m.)	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 <u>Aug 10</u> , 19 <u>53</u> , to <u>10-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 27</u> , 19 <u>54</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John P. Mahay M.D.</u> (Degree or title)		23b. ADDRESS <u>Plattsburg, Mo</u>	
23c. DATE SIGNED <u>Nov. 2, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsburg Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Scarce</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Crunk</u> ADDRESS <u>Conover, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1936

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 *Harold L. Walker*.....

Licensed Embalmer No. *458*.....

P. O. Address *Lathrop*.....

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.