

FILED JAN 12 1955

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

40527

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Tenn.</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>3 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>2334 Crosley Ave.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin County Memorial Hosp.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>MARKILLIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1954</u>				
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>Dec. 9 1921</u>	
9. AGE (In years last birthday) <u>33</u>		10. MONTH <u>0</u> DAY <u>18</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lithographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Publishing company</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Markillie</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Gray</u>			14. NAME OF HUSBAND OR WIFE <u>Dorthy Miller Markillie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cicero Miller, DesArc Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest</u>							
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Auto-train collision.</u> DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EBIDY 27</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 53</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gibson Dunklin Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 27 54 2:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-train collision</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>6:00 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Quinton Tarver, Coroner</u>				23b. ADDRESS <u>Dunklin County Kennett, Missouri</u>		23c. DATE SIGNED <u>1-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 10 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>		ADDRESS <u>Malden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1955

MAR 18 1955

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 1-11-55  
COUNTY FILE NUMBER 55-~~33~~ 7

FEB 2 1955

MAR 18 1955

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 .....  
Student Embalmer

Signed Thomas C. Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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 this body is not embalmed, fact should be so stated above.