

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 15 1955 STANDARD CERTIFICATE OF DEATH

State File No. 623

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>O</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</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) <u>5 Days</u>		e. STREET ADDRESS (If rural, give location) <u>706 Walsh</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		f. STREET ADDRESS <u>0264</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>ROSE</u> c. (Last) <u>MARKWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 10, 1895</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Thomas, Mo. O</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ben Kolb</u>	
13b. MOTHER'S MAIDEN NAME <u>Louise Scheuler</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Markway</u>	
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>Frank Markway J. C. 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 <u>Generalized Metastases</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>Cardioma of cervix</u> DUE TO (b) _____ DUE TO (a) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Lympho sarcoma (glands)</u> Conditions contributing to the death but not related to the disease or condition causing death _____	
19a. DATE OF OPERATION <u>Jan 30/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy shows both Carcinoma &amp; Lympho sarcoma</u>		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) <u>171X</u>	
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 <u>June 29, 1954</u> , to <u>Feb. 3, 1955</u> , that I last saw the deceased alive <u>Feb 3, 1955</u> , and that death occurred at <u>9:30 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Jefferson City, Mo</u>	23c. DATE SIGNED <u>Feb 7, 1955</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 8-1955</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorrie MD MR O</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>	ADDRESS <u>J. C. Mo.</u>

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

SEP 12 1958

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.....  
*Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address.....  
*Jefferson City*

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.