

FILED APR 4 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 7253

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b> <i>0100</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY OR TOWN <b>Centralia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>521 Head St. Centralia, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>Dee</b> c. (Last) <b>March</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 23 1955</b>
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5. SEX <b>Male</b> <i>0</i>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 1, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Mo.</b> <i>0</i>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Wm. Fielden March</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Fenton</b>	14. NAME OF HUSBAND OR WIFE <b>Nina Akeman March</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>A.D. March, Jr.</b>	ADDRESS <b>Rte. 2, Centralia, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>		<b>2 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Hypertrophy</b> DUE TO (c) <b>Unknown</b>		<b>2 weeks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

19a. DATE OF OPERATION <b>Mar 22 '55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Prostatic Hypertrophy 6/10 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 10, 1955**, to **Mar 23, 1955**, that I last saw the deceased alive on **Mar 23, 1955**, and that death occurred at **noon** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James C. Cope MD</b>	(Degree or title)	23b. ADDRESS <b>Columbia, Mo.</b>	23c. DATE SIGNED <b>Mar 23 '55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/25/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 28 1955</b>	REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	31-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill P. Mador</b>	ADDRESS <b>Centralia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

APR 18 1958

AUG 21 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..

X  
Student.....  
Signature of Student Embalmer

Signed *Bill J. Mendor.*

Licensed Embalmer No. *4876*

P. O. Address *Centuria, Md.*

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.