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FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14952

State File No. ....

BIRTH NO. .... REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Kahoka</u>		c. CITY OR TOWN <u>St. Patrick</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mitchell Nursing Home</u>			
No. STREET ADDRESS		(If rural, give location) <u>0230</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rosa</u>	c. (Last) <u>Markus</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 26-1875</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Markus</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gertrude Smith</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Francis Bennett</u>	18. ADDRESS <u>Leahurst</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>One yr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Bright's disease</u>	DUE TO (b)		
ANTECEDENT CAUSES	DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS <u>Renal Asthma</u>		
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>ad 22</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1, 1953, to May 31, 1953, that I last saw the deceased alive on May 30 1953, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Perry S. Boston, Doi</u>	(Degree or title)	23b. ADDRESS <u>Kahoka Mo</u>	23c. DATE SIGNED <u>6-1-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 2 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Patrick Mo.</u>
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DATE REC'D BY LOCAL REGISTRY <u>6-2-55</u>	REGISTRAR'S SIGNATURE <u>J. P. Brisson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver L. Gitting</u>	ADDRESS <u>Kahoka</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... *Alis L. Sutton*

Licensed Embalmer No. *296*

P. O. Address..... *W. W. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.