No. 300
10.48

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

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21966

BIRTH NO. ____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN West Plains (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION Mark Test Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN Pomona
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0460 10

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Henry
c. (Last) Marriott

4. DATE OF DEATH (Month) (Day) (Year) 6-27-55

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH ?
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months ____ Days ____ — IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and State or Foreign Country) Polk Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Geo. Marriott
13b. MOTHER'S MAIDEN NAME Martha Clark
14. NAME OF HUSBAND OR WIFE ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME W. P. Marriott — ADDRESS Pomona Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 26, 1955 *to* June 27, 1955, *that I last saw the deceased alive on* June 27, 1955, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE Dr. Richard A. Smith (Degree or title) D.O.
23b. ADDRESS 913 West Main, West Plains, Mo.
23c. DATE SIGNED 7-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) B
24b. DATE 6-28-55
24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
24d. LOCATION (City, town, or county) Olden (State)

DATE REC'D BY LOCAL REG. 7-27-55
REGISTRAR'S SIGNATURE Beatrice O. Cook
25. FUNERAL DIRECTOR'S SIGNATURE Robertson
ADDRESS West Plains Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. L. L. Robert

Licensed Embalmer No. 34

P. O. Address

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