

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25129**BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6269** Registrar's No. **35**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY WEBSTER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL JACKSON | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WASHINGTON | |
| c. LENGTH OF STAY (In this place) 2 WKS | | d. STREET ADDRESS (If rural, give location) 11 MI NORTH MARSHFIELD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION DZARK Township | | | |

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|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) NORVAL c. (Last) MARLIN | | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 28 1955 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH APR 8 1880 | | 9. AGE (In years last birthday) 75 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) RET FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME JAMES MARLIN | | 13b. MOTHER'S MAIDEN NAME MARY HOOVER | | 14. NAME OF HUSBAND OR WIFE | |
|---|--|---|--|-----------------------------|--|

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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) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME NORTON MARLIN CONWAY MO RI | |
|--|--|-------------------------|--|--|--|

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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, asphyxia, 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) Infarction(s) of Myocardium | | DUE TO (b) arteriosclerotic coronary thrombosis | | | | 18 hours | |
| ANTECEDENT CAUSES | | DUE TO (c) Generalized arteriosclerosis | | | | 18-30 hrs. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | Encephalomalacia, Cerebral thrombosis with Rt. side | | | | 20+ years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION auricular fibrillation, Cystitis | | | | 19c. ALCOHOL yes 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Sept 9, 1954**, to **July 28, 1955**, that I last saw the deceased alive on **July 27, 1955**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) J. M. Maddonnell M.D. | | 23b. ADDRESS Marshfield, Mo. | | 23c. DATE SIGNED July 30, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 7-31-1955 | | 24c. NAME OF CEMETERY, OR CREMATORY MARLIN | |
| 24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO | | 25. FUNERAL DIRECTOR'S SIGNATURE R. W. BARBER | | | |
| DATE REC'D BY LOCAL REG. 8-4-55 | | REGISTERAR'S SIGNATURE Francis | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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

Lee Mason

Licensed Embalmer No. *456 P*

P. O. Address *Springfield, 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.