

FILED AUG 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25139**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **374** PRIMARY REG. DIST. NO. **4547** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY <b>Worth</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grant City, Missouri</b>		130
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marie Nursing Home</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) <b>Lucy C. Hess</b>		a. (First)	b. (Middle) <b>Hess</b>	c. (Last) <b>Marrs</b>	4. DATE OF DEATH <b>July 17, 1955</b> (Month) (Day) (Year)
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 1, 1866</b>	9. AGE (in years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Monroe, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Jacob Hess</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Barbara Eggman</b>	14. NAME OF HUSBAND OR WIFE <b>James T. Marrs</b>		
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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bessie Boll - Grant City, Missouri</b>			
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* (a) <b>Arteriosclerosis, Generalized</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4500 F.</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Fracture hip and wrist</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10yrs</b>  <b>6weeks</b>
19a. DATE OF OPERATION <b>June 10, 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>Fracture, neck of femur</b>			20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>sidewalk</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Grant City, Worth Co., Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 6 553p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell when stepped off curb</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>July 17, 1955</b> , and that death occurred at <b>11p</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Frank B. Waterson MD</b> (Degree or title)			23b. ADDRESS <b>Grant City, Mo</b>		23c. DATE SIGNED <b>7-19-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 20, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8-2-1955</b>	REGISTRAR'S SIGNATURE <b>Walter E. Dawson</b>	345	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Bill Dunfee Grant City, Mo.</b>		

(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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Mont City, 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.