

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32201**
3269

FILED OCT 24 1955

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place township) <u>4 hrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fische State Com Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1615 Bass</u> 01050	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Jennings</u> c. (Last) <u>Marquette</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 55</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>4-3-83</u>		9. AGE (in years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John E. Marquette Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Belloman</u>	
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 <u>John E. Marquette Jr.</u>		ADDRESS <u>Columbia, Mo</u>	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the base of the tongue - metastasizing</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>141X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>10-15</u> , 19 <u>55</u> , to <u>10-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11:54</u> ^{10:11} , 19 <u>55</u> and that death occurred at <u>11:52</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard E. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo</u>	
23c. DATE SIGNED <u>10-16-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service</u>		ADDRESS <u>Columbia, Mo</u>	

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 489

P. O. Address Columbia

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