

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32841**

BIRTH NO. **64036-55** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **885**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Berryville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. John's Hospital		e. STREET ADDRESS (If rural, give location) 9-33 E	
3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) Jo c. (Last) Marlin			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8-1955
5. SEX Female	6. COLOR (OR RACE) white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH OCT. 7-1955
9. AGE (In years last birthday) 0		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Chas. Beland Marlin	
13b. MOTHER'S MAIDEN NAME Maxine Glossip		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Glossip, Spokane, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis, Congenital Prematurity - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 7625 DUE TO (c) 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 <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) (Min.)		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 10/8 , 19 55 , to 10/8 , 19 55 , that I last saw the deceased alive on 10/8 , 19 55 , and that death occurred at 5:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE E. E. Curry, Jr. (Degree or title)		23b. ADDRESS 609 Cherry St. Springfield, Mo.	
23c. DATE SIGNED 10/10/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE OCT. 9-1955		24c. NAME OF CEMETERY OR CREMATORY Spokane Cemetery	
24d. LOCATION (City, town, or county) (State) Spokane, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Dean Harris ADDRESS Clever, Mo.	
DATE REC'D BY LOCAL REG. 10-12-55		REGISTRAR'S SIGNATURE Edith Williamson	

(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.....
Signature of Student Embalmer

Signed.....
John Harris

Licensed Embalmer No. *4390*

P. O. Address... *Cleves, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.