

FILED NOV 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35738

State File No. 166

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>	
b. CITY OR TOWN <i>Nevada</i>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>Nevada</i>	d. In 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 <i>323 So. Lyman</i>		e. STREET ADDRESS (If rural, give location) <i>323 So Lyman 105th</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>JAMES</i>	b. (Middle) <i>GREEN</i>	c. (Last) <i>MARPLE</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>Oct 24, 1955</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct 24, 1890</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Railroad</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Carl, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>George Marple</i>	13b. MOTHER'S MAIDEN NAME <i>Martha Gurnell</i>	14. NAME OF HUSBAND OR WIFE <i>Alma Hester, Nevada, Mo.</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Alma Hester</i>	ADDRESS <i>Nevada, Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i>
	ANTECEDENT CAUSES Morbidity 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. <i>Cancer of rectum</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *10/24, 1955*, to *10/24, 1955*, that I last saw the deceased alive on *10-24, 1955*, and that death occurred at *10:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. E. Morris, M.D.</i>	23b. ADDRESS <i>Nevada, Mo.</i>	23c. DATE SIGNED <i>10-25-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Oct 26, 55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Newton Burial, Nevada</i>	24d. LOCATION (City, town, or county) (State) <i>Missouri</i>
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DATE REC'D BY LOCAL REG. <i>10-27-55</i>	REGISTRAR'S SIGNATURE <i>Anna J. Ferry</i>	451	25. FUNERAL DIRECTOR'S SIGNATURE <i>Ferry Funeral Home, Nevada</i>	ADDRESS <i>Missouri</i>
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(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 *L. Douglas Fry*.....

Licensed Embalmer No. *496*

P. O. Address *Memphis*

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.