

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36331

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>one year</u>		e. STREET ADDRESS (If rural, give location) <u>1203 West High Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1203 West High Street</u>		1203 West High Street <u>02670</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLEFF</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>MARKLE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov 18th '55</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 27th 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>21</u>	IF UNDER 1 MIN. Hours <u>-</u>	IF UNDER 1 MIN. Mins. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroader</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tuscumbia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Irvin Earl Markle</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Bell Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Fink Markle</u>
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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) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>702-18-0227</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Flora Markle</u>	ADDRESS <u>Jeff City Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary thrombosis.</u>			<u>2 hrs</u>
	DUE TO (c) <u>Generalized arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old cerebral hemorrhage.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 11-18, 1955, to 11-18, 1955, that I last saw the deceased alive on 11-18, 1955, and that death occurred at 1:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Inouye M.D.</u>	23b. ADDRESS <u>Medical Arts Bldg.</u>	23c. DATE SIGNED <u>11-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 21st '55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>19 Nov. 1955</u>	REGISTRAR'S SIGNATURE <u>R. J. Norris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tanner Funeral Home Jones</u>	ADDRESS
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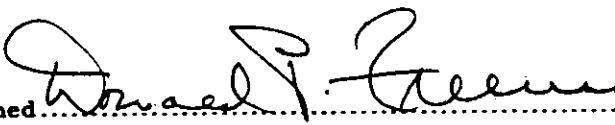
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1955

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 
Donald P. Freeman
Licensed Embalmer No....462

P. O. Address..Jefferson.
Missouri

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.