

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5687**

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Montgomery City		c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN Montgomery
d. FULL NAME OF HOSPITAL OR INSTITUTION		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) 0700	

3. NAME OF DECEASED (Type or Print)	a. (First) Emily	b. (Middle) Jane	c. (Last) Marlow	4. DATE OF DEATH (Month) (Day) (Year) March 3, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 2, 1866	9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Allen	13b. MOTHER'S MAIDEN NAME Mollie Windsor	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe A. Marlow Sr.	ADDRESS Montgomery City,
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolic - cerebral -		10 YEARS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic endocarditis		
DUE TO (c) chronic myocarditis with degeneration		5 years	
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 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) (Min.)	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 **Nov 1, 1953**, to **MAR 3, 1956**, that I last saw the deceased alive on **MAR 2, 1956**, and that death occurred at **1:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edwan Asdale D.O.	23b. ADDRESS Montgomery City, Mo.	23c. DATE SIGNED 3-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 5 '56	24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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DATE REC'D BY LOCAL REG. 3-7-1956	REGISTRAR'S SIGNATURE Laura B. Callaway	509-0	25. FUNERAL DIRECTOR'S SIGNATURE Schlanke Funeral Home	ADDRESS Montgomery City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 18 1957

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..... *E. Boone Ahlank*

Licensed Embalmer No. *4130*

P. O. Address *Montgomery, Ala.*

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.