

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9763

FILED MAR 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Macon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. LENGTH OF STAY (In this place) <b>5 dys.</b>	c. CITY OR TOWN <b>Macon</b>		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 <b>Samaritan Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>715 N. Rubey</b> <i>del 10</i>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Claude</b>	b. (Middle) <b>Celsus</b>	c. (Last) <b>Marksbury</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug. 29, 1894</b>	9. AGE (In years last birthday) <b>61</b>	# UNDER 1 YEAR <b>5</b> Months <b>20</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>school teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>teaching</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Marksbury</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Marjorie Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-22-5265</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Margorie Marksbury, Macon, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension + arteriosclerosis</b> <b>Cardiovascular - renal disease</b>			
		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 <b>442x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 2/15, 1956, to 2/19, 1956, that I last saw the deceased alive on 2/19, 1956, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James E. Campbell, M.D.</b>		23b. ADDRESS <b>Macon, Mo.</b>		23c. DATE SIGNED <b>2/20/56</b>
24a. BURIAL, CREMATION (REMOVAL) (Specify) <b>burial</b>	24b. DATE <b>Feb. 21, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood</b>	24d. LOCATION (City, town, or county) (State) <b>Macon, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3/1/56</b>	REGISTRAR'S SIGNATURE <b>Paul M. Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. Lester Bran</b>	ADDRESS <b>Macon, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 81 70P

RECEIVED 3.13.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 356.39  
Date Filed 3.14.56

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 *Howard Smyer*.....

Licensed Embalmer No. *444*

P. O. Address *Macon,*

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.