

FILED JUN 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19419

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6252 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILL SPRING	c. LENGTH OF STAY (in this place) 54 yr	c. CITY OR TOWN MILL SPRING	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		e. STREET ADDRESS (If rural, give location) 11100	

3. NAME OF DECEASED (Type or Print) a. (First) NOAH b. (Middle) WILLIAM c. (Last) MARLER			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 28, 1901	9. AGE (In years) 54	IF UNDER 1 YEAR Days 90	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION FOREMAN - CONSTRUCTION		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) MILL SPRING, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME LEWIS MARLER		13b. MOTHER'S MAIDEN NAME NANCY GENTLES		14. NAME OF HUSBAND OR WIFE LELA (BRITT) MARLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 498-07-3320		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LELA MARLER MILL SPRING, MO.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Emergency Obstruction			1 Year	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Hypertension, essential	
		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 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) Mill Spring Wayne Mo	
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 June 1, 1956, to May 28, 1956, that I last saw the deceased alive on May 27, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Stinson, M.D.		23b. ADDRESS 6301		23c. DATE SIGNED 6-1-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 31-56		24c. NAME OF CEMETERY OR CREMATORY MILL SPRING	
24d. LOCATION (City, town, or county) (State) MILL SPRING MO.		DATE REC'D BY LOCAL REP. June 1, 1956		REGISTRAR'S SIGNATURE Hazel Ward	
FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
Norman W. Gish		Piedmont		MO	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUN 4 1956  
WAYNE CO. HEALTH CENTER

FILE NO. \_\_\_\_\_

JUL 31 1956

MS OCT 21 1959

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Marvin E. Bowl.....

Licensed Embalmer No. 44.....  
P. O. Address Redwood.....

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.