

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19901

State File No. ....

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 36

1. PLACE OF DEATH  
a. COUNTY Chariton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Illinois b. COUNTY Not known

b. CITY (If outside corporate limits, write RURAL and give town) Rural-Keytesville Twp. c. LENGTH OF STAY (in this place) 2 1/2 years

c. CITY OR TOWN Farmer City, Ill. d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Chariton County Rest Home e. STREET ADDRESS (If rural, give location) Rural-3e \$12.00

3. NAME OF DECEASED a. (First) Virginia b. (Middle) Susan c. (Last) Marvin 4. DATE OF DEATH (Month) (Day) (Year) June 9th, 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Oct. 18th, 1895 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & waitress 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and State or Foreign Country) Bynumville Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Clark 13b. MOTHER'S MAIDEN NAME Mary Egan 14. NAME OF HUSBAND OR WIFE Frank Marvin

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. 332-22-8122 17. INFORMANT'S SIGNATURE OR NAME Mrs. Curtis Dooley ADDRESS Keytesville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ch. myocarditis

ANTECEDENT CAUSES DUE TO (b) Arthritis deformans

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Not known

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from March 10, 1948, to June 9, 1956, that I last saw the deceased alive on June 9, 1956, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl C. Hayes 23b. ADDRESS M.D. Keytesville Mo. 23c. DATE SIGNED 6/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 11th, 1956 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel 24d. LOCATION (City, town, or county) (State) Randolph County, Mo.

DATE REC'D BY LOCAL REG. 6/11/56 REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_ ADDRESS Keytesville, Mo.

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 Name~~ ..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *H. D. Garnett* .....

Licensed Embalmer No... *30* .....

P. O. Address *Key test* .....

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.