

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23132**

No. 300
10.48

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **3012** Registrar's No. **61**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY OR TOWN Excelsior Springs	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 301 E. Excelsior St.		STREET ADDRESS (If rural, give location) 301 E. Excelsior St. 60070	

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Russell c. (Last) Marley	4. DATE OF DEATH (Month) (Day) (Year) July 9, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator	10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (City and State or Foreign Country) Lawson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Marley	13b. MOTHER'S MAIDEN NAME Ella Griffey	14. NAME OF HUSBAND OR WIFE Ethel J. Marley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-01-9264	17. INFORMANT'S SIGNATURE OR NAME Ethel Marley, Excelsior Springs, Mo.	ADDRESS 301 E. Excelsior
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days years years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Reflux - (Bronchial)		
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) 241X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **1-1**, 19**50**, to **2-9**, 19**56**, that I last saw the deceased **live on 2-9**, 19**56**, and that death occurred at **2:10** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Richard P. Hatcher	23b. ADDRESS Excelsior Springs Mo	23c. DATE SIGNED 7-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-11-56	24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery	24d. LOCATION (City, town, or county) (State) Lawson, Missouri
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DATE REC'D BY LOCAL REG. 7/27/56	REGISTRAR'S SIGNATURE Baroline Hatcher	25. FUNERAL HOME, SOCIETY, OR OTHER PLACE WHERE FUNERAL HELD ADDRESS Richard Funeral Home, Inc. Excelsior Springs, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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



MAY 19 1956

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 *Lindell Jarman*.....

Licensed Embalmer No. *458*
Excelsior Springs,
P. O. Address.....

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.