

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

41039

State File No.

FILED DEC 24 1956

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>600 S. MADISON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 S. MADISON</u>		e. STREET ADDRESS (If rural, give location) <u>600 S. MADISON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>(none)</u> c. (Last) <u>MARKLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 9, 1956</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>MAY 23, 1902</u>		9. AGE (In years last birthday) <u>54</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>D MALDEN? MISSOURI</u>	

13a. FATHER'S NAME <u>B. F. MARKLE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DEWISE</u>		14. NAME OF HUSBAND OR WIFE <u>SADIE MARKLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SADIE MARKLE</u> ADDRESS <u>600 S. Madison</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Retio-peritoneal lympho sarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (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		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) <u>2001</u>	

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 <u>Aug. 3, 1956</u> , to <u>Dec. 9, 1956</u> , that I last saw the deceased alive on <u>Dec. 8, 1956</u> , and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <u>Joseph H. Cronan M.D.</u>		23b. ADDRESS <u>Malden, Mo.</u>		23c. DATE SIGNED <u>12/11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 11, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK</u>	
				24d. LOCATION (City, town, or county) (State) <u>MALDEN, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>12-13-56</u>		REGISTRAR'S SIGNATURE <u>J. J. Scherman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME, MALDEN, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

7-0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ... 125-17-56
COUNTY FILE NUMBER 1256-

VS MAR 9 1939

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
Student Embalmer

Signed *J. R. Schuman*
Licensed Embalmer No. *4086*
P. O. Address *Marden*

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 this body is not embalmed, fact should be so stated above.