

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **177**
Registrar's No. **9**

FILED JAN 22 1957

Registration District No. **4** Primary Registration District No. **4014**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		c. CITY OR TOWN Rock Port	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Hospital		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 2 da.		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First IRA Middle ROBERTS Last MARRS			4. DATE OF DEATH Month Jan Day 8 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 27, 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 11 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret'd farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mercer Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John M. Marrs			14. MOTHER'S MAIDEN NAME Elizabeth Snider		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Weldon Marrs Tarkio, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis				20 years
DUE TO (c) Emphysema				15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from Dec. 20, 1956 to Jan 8, 1957 and last saw him alive on Jan 8, '57 Death occurred at 8 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Charles S. Bone M.D.	22b. ADDRESS Tarkio, Mo.	22c. DATE SIGNED 1/10/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1/11/57	23c. NAME OF CEMETERY OR CREMATORY Home Cemetery	23d. LOCATION (City, town, or county) (State) Tarkio, Missouri.
24. FUNERAL DIRECTOR Davis Funeral Home Tarkio, Mo.	25. DATE RECD. BY LOCAL REG. Jan 15, 1957	26. REGISTRAR'S SIGNATURE Therain J. Schaefer	

(Licensed Embalmer's Statement on Reverse Side)

300 1-56
 health, welfare, public service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *First A. Brown*

Licensed Embalmer No. 33

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.