5-1215

FILED FEB 18 1957

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4111

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 57

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Cole | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Cole |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Inside Limits Yes X No ☐ | c. CITY OR TOWN Jefferson City 0264 0 — Inside Limits Yes X No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 706 Walsh Str — Length of stay in 1b Life | d. STREET ADDRESS (If outside, give location) 706 Walsh — Reside on Farm Yes X No ☐ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First FRANK Middle MARKWAY Last | | 4. DATE OF DEATH Month FEB. Day 8, Year 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White 0 | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐ | 8. DATE OF BIRTH March 21, 1887 |
| 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months 10 Days 17 | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Wardsville, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Fred Markway | | 14. MOTHER'S MAIDEN NAME Catherine Schneiders | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 493-38-6662 | 17. INFORMANT Carmelita Markway Address J C No. | |

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 1½ hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease — yrs

DUE TO (c) 4260H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) adenocarcinoma of the Prostate

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan. 23 1956 to Feb. 8, 1957 and last saw her alive on Feb. 8, 1957

Death occurred at 12:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) Francis T. Meus M.D. 0 | 22b. ADDRESS Jeff. City | 22c. DATE SIGNED 2/13/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2/11/57 | 23c. NAME OF CEMETERY OR CREMATORY Resurrection |
| 23d. LOCATION (City, town, or county) (State) Jefferson City, Mo. | | |
| 24. FUNERAL DIRECTOR Sylvester Dulle — ADDRESS J C. MO | 25. DATE RECD. BY LOCAL REG. 16 February 1957 | 26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-NR |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sylvester Quille

Licensed Embalmer No. 43.

P. O. Address Jefferson

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.