

FILED JUN 19 1957

STANDARD CERTIFICATE OF DEATH

State File No. 20559

3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5376</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>DE KALB</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>BLACK HAWK</u>			
b. CITY OR TOWN <u>RURAL GRAND RIVER JWP</u>		c. LENGTH OF STAY (in this place) <u>8140</u> <u>9</u>		c. CITY OR TOWN <u>Waterloo</u>		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 <u>SELLE'S MOTOR MOTEL</u>				e. STREET ADDRESS (If rural, give location) <u>1416 Williston Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY ABRAHAM</u>		b. (Middle) _____		c. (Last) <u>MARQUART</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 3 57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 17, 1890</u>		9. AGE (In years last birthday) <u>66</u>	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) <u>MANUFACTURE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Com. Blocks</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OAKVILLE PENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>	
13a. FATHER'S NAME <u>SAMUEL MARQUART</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>MERTIE MARQUART</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>482-34-2108</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marie Osterich, Waterloo Iowa</u> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 Hrs.</u> <u>10 Yr.</u> <u>15 Yr.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CAMELTON DEKALB MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>JUNE 3, 1957</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John Brown Cameron</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>6-10-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-5-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Waterloo IOWA</u>	
DATE REC'D BY LOCAL REG. <u>6-17-57</u>		REGISTRAR'S SIGNATURE <u>Ruth Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>POLAND FUNERAL HOME CAMELTON</u>			

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JUN 20 1957

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 *Robert F. Poland*

Licensed Embalmer No. *4771*
222 West
P. O. Address *Camden, N.J.*

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.