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FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24019
STATE FILE NUMBER

Registration District No. 96 Primary Registration District No. 5353 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN Jackson Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sanitarium of Buffalo 24 yrs.
Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Dallas
c. CITY OR TOWN Elkland Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D. #1 (If outside city, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Edgar Middle Alton Last Marr

4. DATE OF DEATH Month July Day 22 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Jan. 29, 1893
9. AGE (In years last birthday) 64
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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. —
17. INFORMANT Dallas County Address Buffalo, Mo.

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) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 30 Min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 1955, to 7-22-57 and last saw him alive on 7-20-57
Death occurred at 7-22-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. O. Gammon (Degree or title) M.D.
22b. ADDRESS Buffalo, Mo.
22c. DATE SIGNED 7-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/26/57
23c. NAME OF CEMETERY OR CREMATORY Charity Cemetery
23d. LOCATION (City, town, or county) (State) Charity, Mo.

24. FUNERAL DIRECTOR Jones of Buffalo, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 7/29/57
26. REGISTRAR'S SIGNATURE Mrs Grace Petree by [illegible]

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. 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 Leonard B. Jones

Licensed Embalmer No. 2008

P. O. Address Buffalo 4

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.