

FILED AUG 5 1957

STANDARD CERTIFICATE OF DEATH

State File No. **25480**

BIRTH NO. _____		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>5779</u>		Registrar's No. <u>40</u>					
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (If in this place) <u>75 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>El Rancho Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>0450</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u>		b. (Middle) <u>Rose</u>		c. (Last) <u>Marble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 13, 1890</u>					
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife &amp; Nursing</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Marble</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>525-7278 53AA</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Martz</u> ADDRESS <u>Osage Beach, Missouri</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				<u>2 days</u>			
				ANTECEDENT CAUSES				DUE TO (b) <u>Cardiac Decompensation</u>		<u>1 yr.</u>	
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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>4343</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>Jan 26, 1957</u> , to <u>July 15, 1957</u> , that I last saw the deceased alive on <u>July 15, 1957</u> , and that death occurred at <u>7:57 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Robert E. Mason Do 2</u>				23b. ADDRESS <u>Osage Beach Mo</u>		23c. DATE SIGNED <u>July 16, 1957</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>July 16, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rosewell New Mexico</u>					
DATE REC'D BY LOCAL REG. <u>July 16, 57</u>		REGISTRAR'S SIGNATURE <u>Ed Veretta Wall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter C. Hodges</u>		ADDRESS <u>Hedges Funeral Home, Camden, Mo.</u>					

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

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RECEIVED

JUL 30 '57

Miller County  
Health Department

AUG 5 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 .....  
Student Embalmer

Signed Walter O. Kasper

Licensed Embalmer No. 4268

P. O. Address Iberia, Missouri

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.