

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26867

State File No.

FILED AUG 5 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1282

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
noting case reported to Kirkwood Police & Coroner Release body

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>		c. LENGTH OF STAY (In this place) <u>6 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 WAY. AVE.</u>		e. STREET ADDRESS (If rural, give location) <u>429 WAY. Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>TED</u> c. (Last) <u>MARKHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>13</u> <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10</u> <u>4</u> <u>1904</u>
9. AGE (In years last birthday) <u>52</u> Months <u>9</u> Days <u>9</u>		IF UNDER 1 YEAR Hours <u>9</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHOTOGRAPHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>T. V. ART INC</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JAMES I MARKHAM</u>		13b. MOTHER'S MAIDEN NAME <u>DAISY PRITCHETT</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN K MARKHAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>W.W.2</u>		16. SOCIAL SECURITY NO. <u>498-01-8270</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HELEN K MARKHAM</u>		ADDRESS <u>429 WAY. AVE KIRKWOOD MO.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Stenosis -</u> ANTECEDENT CAUSES <u>Paroxysmal Atrial Fibrillation - 2 yrs.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Heart Disease since ages 8.</u> <u>(It was dead on my arrival.)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>411X</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>3/27</u> , 19 <u>57</u> , to <u>Aug 27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>57</u> , and that death occurred at <u>12 midnight</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Victor Reese</u>		23b. ADDRESS <u>120 E. Lockwood</u> <u>Evansville, Mo., Mo.</u>	
23c. DATE SIGNED <u>7/13/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS Co. MO.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur P. Donlehy</u>	ADDRESS <u>Louis N. Bopp Inc. Ark.</u>		

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 *Albert Mayfield*.....

Licensed Embalmer No. *307*.....

P. O. Address *St. Louis*.....

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.