

pt. Health,
c., & Missouri
S. Public
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FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI 84951-57
STANDARD CERTIFICATE OF DEATH

44-072

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1189-A

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Lebanon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hosp.</u> Length of stay in lb <u>24 days</u>		d. STREET ADDRESS (If outside, give location) <u>333 North St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Craig</u> Last <u>Marley</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>12</u> Year <u>1957</u>
5. SEX <u>M</u> COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 18, 1957</u>	9. AGE (In years last birthday) <u>—</u> MONTHS <u>—</u> DAYS <u>24</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lebanon Mo.</u>
13a. FATHER'S NAME <u>Bill Marley</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Newkirk</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Bill Marley Lebanon Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART-I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Malformation of Heart</u> <u>Congenital Atherosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY . Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11-19-57</u> to <u>12-12-57</u> and last saw her alive on <u>12-12-57</u> Death occurred at <u>9 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edith Williamson MD</u>		22b. ADDRESS <u>609 Cherry Springfield</u>	22c. DATE SIGNED <u>12-18-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/14/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baller Cemetery</u>	23d. LOCATION (City, town, or County) <u>Near Lebanon Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Holman</u> ADDRESS <u>Lebanon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-23-57</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

security and accuracy of certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*
P. O. Address *Lebanon, Va.*

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.