

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037223

State File No.

9 for HP
No. 300
10-48

FILED OCT 20 1958

REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Big Prairie</u> c. LENGTH OF STAY (In this place) <u>1wp</u>		c. CITY OR TOWN <u>New Madrid</u> ⁰⁷²⁰	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Highway #61</u>		f. STREET ADDRESS (If rural, give location) <u>5 Miles N. E. of New Madrid</u>	

3. NAME OF DECEASED a. (First) <u>Edgar</u> b. (Middle) <u>Virgil</u> c. (Last) <u>Marlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7, 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan 13, 1896</u>
9. AGE (In years last birthday) <u>62</u> if UNDER 1 YEAR Months <u>8</u> Days <u>24</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Seymour, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Rupe</u>	

13a. FATHER'S NAME <u>M. Marlin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Rupe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>500-05-2347</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Weinaud, Troy, Mo.</u> ADDRESS <u>Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures + internal/Abdominal injuries.</u>		MEDICAL CERTIFICATION 19. DATE OF OPERATION 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid Two New Madrid, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 7, 58 2:30m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Step in front of Truck</u>
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22. I hereby certify that I attended the deceased from 7 Oct, 1958, to 7 Oct, 1958, that I last saw the deceased alive on 7 Oct, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles Chesler</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>8 Oct 58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8 Oct. 58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Seymour, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8 Oct 58</u>	REGISTRAR'S SIGNATURE <u>Fay Redganz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley-Ferrell-Conner F. H.</u> ADDRESS <u>Seymour, Mo.</u>
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DATE RECEIVED OCT 14 1958
NEW MADRID CO. HEALTH CENTER

P. J. L.

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 Tammy L. Roberts

Licensed Embalmer No. 4486

P. O. Address Med. Memorial

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.