Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047039

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 366 Primary Registration District No. 4535 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mineral Point — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in lb wg life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY Washington
c. CITY OR TOWN Mineral Point — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mary — Middle Thresa — Last Marler

4. DATE OF DEATH Month Dec. Day 29 Year 1958

5. SEX Female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 25 1873
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 5 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own Home
11. BIRTHPLACE (City and state or country) Washington Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anuys Bone
13b. MOTHER'S MAIDEN NAME Martha Bayer
14. NAME OF HUSBAND OR WIFE John K. Marler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT John K. Marler — Address Mineral Point 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) Cerebr-vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis-hypertension
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 12-22-58, to 12-29-58 and last saw her/him alive on 12-29-58
Death occurred at 2:05 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph R Burnett D.O. 2
22b. ADDRESS Potosi, Missouri
22c. DATE SIGNED 12-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-1-59
23c. NAME OF CEMETERY OR CREMATORY Sun Set Hills Am.
23d. LOCATION (City, town, or county) Potosi, (State) Mo.

24. FUNERAL DIRECTOR Mrs. Luther Sparks — ADDRESS Potosi Mo.
25. DATE RECD. BY LOCAL REG. 12/30/58
26. REGISTRAR'S SIGNATURE Arbra Kraball

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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JAN 13 1964

RECEIVED

DEC 30

WASH. COUNTY HEALTH DEPT.

File No. _____

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flatriver

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.