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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008328
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent Hosp. — Length of stay in 1b: 9 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barry
c. CITY OR TOWN: Monett 0051 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 705 Lincoln — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ida Middle: B. Last: Marx

4. DATE OF DEATH Month: Mar. Day: 7 Year: 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 10, 1888

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 3 Days 27 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Keyesville, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Minich

13b. MOTHER'S MAIDEN NAME: Joann Branscomb

14. NAME OF HUSBAND OR WIFE: Sigmund Marx

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Sigmund Marx, Address: Monett, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Tuberculosis, generalized (miliary ?) — INTERVAL BETWEEN ONSET AND DEATH: ? months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arthritis, probably osteo ? 21 years. E192

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 3-6-59, to 3-7-59 and last saw her/him alive on 3-7-59
Death occurred at 3-7-59 11:25 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. O. Glass, Jr MD

22b. ADDRESS: 315½ Broadway, Monett, Mo.

22c. DATE SIGNED: 3-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/10/59

23c. NAME OF CEMETERY OR CREMATORY: IOOF cemetery

23d. LOCATION (City, town, or county) (State): Monett, Missouri

24. FUNERAL DIRECTOR ADDRESS: J. D. Buchanan, 301 Euclid

25. DATE RECD. BY LOCAL REG.: 3-14-59

26. REGISTRAR'S SIGNATURE: Mrs P. M. Cook

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1959

SEP 6 1962

JAN 3 1962

DATE REC. 3-17-59

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 J. D. C. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo

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.