

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009546

STATE FILE NUMBER

1136

FILED MAR 26 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putman</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>Lucerne</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <b>Charles Herbert Maring</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 25, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil Jobber Self Employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maring Oil Co.</b>	11. BIRTHPLACE (City and state or country) <b>Mercer, Missouri</b>
13a. FATHER'S NAME <b>Thomas W. Maring</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Fields</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-36-2691</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exanguination</b>		19. INTERVAL BETWEEN ONSET AND DEATH Hours <b>9</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gastric hemorrhage</b>		Days	
DUE TO (c) <b>Multiple Stress Ulcerations (G-I)</b>		Days <b>9</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Burns of lower extremities, bilateral</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input checked="" 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.) <b>starting a fire in place of business &amp; put some on fire.</b>	
20c. TIME OF INJURY Hour <b>12-14-58</b> a.m. <b>12-14-58</b> p.m.		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Maring Oil Co.</b>		20f. CITY, TOWN, OR LOCATION <b>Lucerne Putnam mo.</b>	
21. I attended the deceased from <b>Feb 21, 1959</b> , to <b>Feb 27, 1959</b> and last saw <b>him</b> alive on <b>Feb 27, 1959</b> Death occurred at <b>3:22 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Vernor J. Ames</b> (Degree or title)	
22b. ADDRESS <b>926 E. 114th St.</b>		22c. DATE SIGNED <b>2-27-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Feb. 27, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lucerne Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lucerne Missouri</b>	
24. FUNERAL DIRECTOR <b>Martin Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Vernor J. Ames

300  
-57

Health,  
Welfare  
Public  
Service

APR. 1 - 1944

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. H. Gibson* .....

Licensed Embalmer No. *4871* .....

P. O. Address *Indep 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.