

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009889  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 159

**FILED APR 1 1959**

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin</u> (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN <u>Joplin</u> <u>0495</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>1301 Iowa Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>1301 Iowa Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>H</u> Last <u>Marlnee</u>			4. DATE OF DEATH Month <u>March</u> Day <u>25</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 22, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keystone Drillers</u>	11. BIRTHPLACE (City and state or country) <u>Marshfield, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Levi Marlnee</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Jordan</u>		14. NAME OF HUSBAND OR WIFE <u>decd Ollie Marlnee, Mar. 1940</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Dau-</u> Address <u>Mrs. Anna Vesta Steele, 1335 Iowa Ave.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Toxemia of Ca of Stomach</u> 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) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>151X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo.</u>	
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 _____ 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>3/15/59</u> to <u>3/25/59</u> and last saw her/him alive on <u>3/25/59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		22b. ADDRESS <u>Joplin Mo</u>	
22c. DATE SIGNED <u>3/26/59</u>		22d. STATE _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-28-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY,</u>		23d. LOCATION (City, town, or county) (State) <u>GALENA, KANSAS</u>	
24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-1959</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE _____	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin, 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.