Principle Regularization District No.   Principle Sequentiation District No.   Principle Seque			VISION OF HEALTH — STANDARD CERTIFICATE (ED VS SEP 1 4 1959 ) 3 7 Primary Registration District No. 30	
b. CITY (If outside corporate limits, give ToWNSHIP only)  A days  County  Clinton  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  C. FULL NAME OF (In Not in hospital, give location)  Inside Limits  A DARE OF BECASED  First  Month  Day  S. SEX  C. COLOR OR RACE  T. Married B. Never Married  D. DAY OF BURNEY  M. Month  Day  S. SEX  C. COLOR OR RACE  T. Married B. Never Married  D. DAY OF BURNEY  T. Married B. Never Married  D. DAY OF BURNEY  T. Burney  T. Burney  T. Burney  T. Burney  A DAY OF BURNEY  T. Mark Salve  Month  A Day  A DAY OF BURNEY  T. Burney	ED 1		1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
MOSPITAL OR Clinton General Hospital   Ves \$\overline{\color{Notes}}  No.   ADDRESS			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 4 days	c. CITY OR TOWN Blairstown Yes \[ \text{No } [
S. SEX   G. COLOR OR RACE   7. Married   8. DATE OF BIRTH   9. AGE (last birthday)   15. UNDER 1 YEAR   15. UNDER 24   7/28/71   8. BATE OF BIRTH   9. AGE (last birthday)   15. UNDER 24   7/28/71   8. BATE OF BIRTH   9. AGE (last birthday)   15. UNDER 24   7/28/71   8. BATE OF BIRTH   9. AGE (last birthday)   15. UNDER 24   7/28/71   8. BATE OF BIRTH   9. AGE (last birthday)   15. UNDER 24   7/28/71   8. BATE OF BIRTH   9. AGE (last birthday)   15. UNDER 24   7/28/71   10. BIRTHPACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY   13. BIRTHPACE (City and state or country)   12. CITIZEN OF WHAT COUNTRY   14. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES?   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. WAS DECRASED EVER IN U.S. ARMED FORCES   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR WIFE   15. COLAL SECURITY NO.   17. INFORMANT   18. NAME OF HUSANDO OR NAME   17. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT   18. INFORMANT			HOSPITAL OR	ADDRESS
James   Jame	П	ı		
No. USUAL OCCUPATION   Give kind of work done   Divorced   7/28/71   88   Months   Days   Hours   M				erksberry DEATH 9 2 59
during most of working life, even if retired)    Tearmer   Tearmer		ı	M Widowed □ Divorced □	7/28/71 88 Months Days Hours M
13s. FATHER'S NAME   13s. MAME OF HUSBAND OR WIFE   13s. MAME OF HUSBAND OR WIFE   13s. MAME OF HUSBAND OR WIFE   15s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves., np., or unknown) (If yes, give war or dates of service)   16s. SOCIAL SECURITY NO.   17s. INFORMANT   Address   Addres		ı	during most of working life, even if retired)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		ı		ME 14. NAME OF HUSBAND OR WIFE
(Yes, no, or unknown) (if yes, give war or dates of service) NO  18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to stating the underlying cause last.  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female disease condition given in PART I (a)  PART III. If deceased was female disease condition given in PART I (a)  PART III. If deceased was female disease condition given in PART I (a)  PART III. If deceased was female disease condition given in PART I (a)  PART III. If deceased was female disease condition given in PART I (a)  PART III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. If deceased was female related to the terminal part III. III. III. III. III. III. III. II		1		
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   Cerebral Thrombosis   5 day			(Yes, no, or unknown) (If yes, give war or dates of service) 499–42–9436	Mary Lee Marksberry, Blaristown, Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		z I	PART I. DEATH WAS CAUSED BY:	ONSET AND DEA
Conditions, if any, which gave rise to above cause (a), stating the underly lying cause [at.]  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease was female there a pregnancy in last 90 cm and 19 cm an		₹	IMMEDIATE CAUSE (a) Cerebral Thrombo	sis 5 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 c   Yes   No   Unkn			which gave rise to above cause (a), stating the under-	teriosclerosis 10-15 yrs
19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME-OF, Hom Month; Day, Year INJURY T. s.m., p.m.  20c. TIME-OF, Hom Month; Day, Year INJURY T. s.m., p.m.  20c. TIME-OF, Hom Month; Day, Year INJURY OCCURRED (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME-OF, Hom Month; Day, Year INJURY OCCURRED (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME-OF, Hom Month; Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION (COUNTY STATE with the MILE AT WORK IN NOT WHILE AT WORK IN 18.)  21. Latended the deceased from Aug. 28, 1959 (a.g., in or about home, 20f. CITY, TOWN, OR LOCATION (COUNTY STATE with the MILE AT WORK IN 18.)  21. Latended the deceased from Aug. 28, 1959 (b.g., in or about home, 20f. CITY, TOWN, OR LOCATION (COUNTY STATE with the MILE AT WORK IN 18.)  22a. SIGNATURE (County in the Causes stated) (County in the Causes stat		ı		there a pregnancy in last 90 c
ERFORMED?  20. TIME-OF Hath Months Day, Year INJURY To a.m., p.m.  20d. INJURY CCURRED WHILE AT WORK   20e: PLACE OF INJURY (e.g., in or about home, p.m.  20d. INJURY OCCURRED WHILE AT WORK   5 to m., factory, street, office bldg., etc.)  21. Lattended the deceased from Aug. 28, 1959, to Sept 2, 1959, and lest saw min elive on Sept. 1, 1959  22a. SIGNATURE  22b. ADDRESS  22c. DATE SIGNATURE  22c. DATE SIGNATURE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  23d. LOCATION (City, town, or county)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		ı		
20d. INJURY OCCURED WHILE AT WORK   20e; PLACE OF INJURY (e.g., in or about home, leading to the deceased from Aug. 28, 1959   1959   21, 1 altended the deceased from Aug. 28, 1959   1959   21, 1 altended the deceased from Aug. 28, 1959   1959   22. 195		ı	ERFORMED?	, , , , , , , , , , , , , , , , , , , ,
21. 1 altended the deceased from Aug. 28. 1959 to Sept 2. 1959 and last saw him elive on Sept. 1. 1959  Death occurred at 5:15 A mon the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE  22b. ADDRESS  22c. DATE SIGNATURE  23a. BURIAL, CLEMATION, REMOVAH (Appecify) Burial  23b. DATE  23c. NAME OF CEMETERY OF CREMATORY  23d. LOCATION (City, town, or county)  Carsville, Cemetery  Chilhowee, Missouri  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE		ł		
Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. SIGNATURE  22s. ADDRESS  22c. DATE SIGNATURE  23c. BURIAL, CLEMATION, Mo. 9/3/59  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City, town, or county)  (State)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	٤,		20d. INJURY OCCURRED 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
Death occurred at mon the date stated above, and to the best of my knowledge, from the causes stated.    22a. SIGNATURE   22b. ADDRESS   22c. DATE SIGNATURE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (State)	۱	Ŋ	21. Aftengod the deceased from Aug. 28, 1959 , to Sept	2, 1959 end lest saw him elive on Sept. 1, 1959
23a. BURIAL, CIEMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)  Burial 9/3/59  Carsville, Cemetery Chilhowee, Missouri.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		١.	Death occurred at 5115 A m on	he date stated above, and to the best of my knowledge, from the causes stated.
REMOVARISONCIFY Burial 9/3/59 Carsville, Cemetery Chilhowee, Missouri 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25 DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE			22a. SIGNATURE (Species or title)	
1 > 1 - 2 - 5 9 5 A & - 1 / S A	:	⋛		EMATORY 23d. LOCATION (City, town, or county) (State)
1 > 1 - 2 - 5 9 5 1 C C C C C C C C C C C C C C C C C C		<u>₹</u> [	Burial 9/3/59 Carsville, Ceme	tery Chilhowee, Missouri
Cook Funeral Home Chilhowee, Missouri			19-	THE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
(Licensed Embalmer's Statement on Reverse Side)		n		U - 1 puet of teque

## STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No

I hereby certify that the body whose name is reco	orded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision.	J. Rook
Student	Signed
Signature of Student Embalmer	( )

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conwith 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.