

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011498

FILED VS APR 7 1960

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 155 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>	Length of stay in 1b <b>55 YRS</b>	c. CITY OR TOWN <b>JOPLIN</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1414 IOWA AVE.</b>

3. NAME OF DECEASED (Type or print) First <b>BESSIE</b> Middle <b>MAE</b> Last <b>MARCUS</b>	4. DATE OF DEATH Month <b>MARCH</b> Day <b>24</b> , Year <b>1960</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-31-1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>MUSKOGEE, OKLA.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WM. W. WHITE</b>	13b. MOTHER'S MAIDEN NAME <b>LULA JANE DELANEY</b>	14. NAME OF HUSBAND OR WIFE <b>CHAS. F. MARCUS, 1941</b>
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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>UNK</b>	17. INFORMANT <b>DAU</b> <b>MRS. MONTE WAGNER, 1715 MOFFET AVE.</b>
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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>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <b>Arterio Sclerotic Heart Disease</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 <b>JOPLIN</b>	COUNTY <b>JASPER</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from **8-25-59** to **3-24-60** and last saw her/him alive on **3-24-60**  
Death occurred at **3-24-60** **9:30P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>E. H. Hamilton, M.D.</i> (Degree or title)	22b. ADDRESS <b>302 Medical Arts Bldg. Joplin, Mo.</b>	22c. DATE SIGNED <b>3-29-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-26-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SAGINAW CEMETERY</b>	23d. LOCATION (City, town, or county) <b>SAGINAW, MISSOURI</b>	(State)
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-1-1960</b>	26. REGISTRAR'S SIGNATURE <i>Rose Merriam</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
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 conform 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.