

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 10 1960

-60-018031

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 336 Registrar's No. 55

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Shannon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain View</u> Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> c. CITY OR TOWN <u>Mountain View</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>A.</u> Last <u>Marwell</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/9/96</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Gentry, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Wm. J. Marwell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Pringle</u>			
14. NAME OF HUSBAND OR WIFE <u>Bessie A. Marwell</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. <u>no</u>			
17. INFORMANT <u>Bessie A. Marwell</u>		17. ADDRESS <u>Mtn. View, Mo. Rt #2</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>NATURAL CAUSES PROBABLE</u> DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) <u>CORONER OF SHANNON CO Frank Jones</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (M) <u>(NOTIFIED)</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) _____			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____		20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY _____		20h. STATE _____			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <u>7:00 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank Jones Coroner</u>			22b. ADDRESS <u>Eminence Mo.</u>		22c. DATE SIGNED <u>4-23-60</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/24/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Knox Pres. Cemetery</u>			
23d. LOCATION (City, town, or county) <u>Gentry, Missouri</u>		24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-9-60</u>			
24. ADDRESS <u>Mtn. View, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Hubel Paen</u>		_____			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 10 1960

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

Richard A Norton

Licensed Embalmer No. 5029

P. O. Address Mt. Jew

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.