MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014677
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 131

FILED MAY 1 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia
Length of stay in 1b: 22 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sedalia Rest Home ~~711 North Missouri~~
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 417 East Harvey
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MINNIE Middle LEONA Last MARQUESS
4. DATE OF DEATH: Month April Day 22 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/14/92
9. AGE (last birthday): 69
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry Kellner
13b. MOTHER'S MAIDEN NAME: Anna Stout
14. NAME OF HUSBAND OR WIFE: Wm. O. Marquess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.
17. INFORMANT: John L. Marquess, Address: 1413 South Grand Sedalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CVA + Rt Hemiplegia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT 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

21. I attended the deceased from 1952, to 4-22-61 and last saw her alive on 4-21-61
Death occurred at 5:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alvin L Lowe MD
22b. ADDRESS: Sedalia Mo
22c. DATE SIGNED: 4-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/61
23c. NAME OF CEMETERY OR CREMATORY: Florence Cemetery
23d. LOCATION (City, town, or county) (State): Florence, Missouri

24. FUNERAL DIRECTOR: Duane Fewing ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: Apr 25, 1961
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.