

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036718

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

140 Primary Registration District No. 3024 Registrar's No. 107

STATE FILE NUMBER

AMENDED

Registration District No. FILED OCT 31 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | Length of stay in 1b 2 weeks | c. CITY OR TOWN Fayette |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Hackberry St. |
| 3. NAME OF DECEASED (Type or print) First James Middle Riley Last Marcum | | 4. DATE OF DEATH Month Oct. Day 21 Year 1961 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/10/1868 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith | | 10b. KIND OF BUSINESS OR INDUSTRY Ownshop | 9. AGE (last birthday) 93 |
| 11. BIRTHPLACE (City and state or country) Cookville Tennessee | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Felix Marcum | | 13b. MOTHER'S MAIDEN NAME Nancy Franklin | 14. NAME OF HUSBAND OR WIFE Margaret B. Richey |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Ed C. Wolet | | Address Sweet Springs 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) pulmonary edema | | | INTERVAL BETWEEN ONSET AND DEATH 48hr |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac decompensation | | | 3 days |
| DUE TO (c) severely & impure of gall bladder | | | 2 wks. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the principal 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 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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> natural | 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 <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 | COUNTY | STATE |
| 21. I attended the deceased from Oct 8, 1961 to Oct 21, 1961 and last saw her alive on Oct 21, 1961 | | Death occurred at 5 p m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE M J Shanley M.D. | | 22b. ADDRESS Lee Hosp, Fayette Mo | 22c. DATE SIGNED 10-27-61 |
| 23a. BURIAL, CREMATION, REPOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| Burial | Oct. 24, 1961 | Walnut Ridge Cemetery | Fayette Missouri |
| 24. FUNERAL DIRECTOR Ralph A. Carr Fayette Mo | | 25. DATE RECD. BY LOCAL REG. 10-27-61 | 26. REGISTRAR'S SIGNATURE Katherine Welch |

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,

~~on~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed William C. Fisher

Licensed Embalmer No. 4870

P. O. Address Hayette Ma.

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.