SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-043519
STATE FILE NUMBER

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 168

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett
Length of stay in 1b: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 705 Lincoln - home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Barry
c. CITY OR TOWN Monett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 705 Lincoln, Monett
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Sigmund Middle: Last: Marx
4. DATE OF DEATH Month Day Year: December 23, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/11/1888
9. AGE (last birthday): 73
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): Retired Railway Baggageman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Adolph Marx
13b. MOTHER'S MAIDEN NAME: Theresa Slaucenburg
14. NAME OF HUSBAND OR WIFE: Ida B. (decd.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
17. INFORMANT Address: Frank Marx, Muskogee, Okla.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Years
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. ☐ 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 5-15-49, to 11-6-61 and last saw ~~him~~ him alive on 11-6161
Death occurred at 7 Dec. 23, 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): W. G. Glass Jr MD
22b. ADDRESS: Monett, Mo.
22c. DATE SIGNED: 12-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/26/61
23c. NAME OF CEMETERY OR CREMATORY: IOOF
23d. LOCATION (City, town, or county) (State): Monett, Mo.
24. FUNERAL DIRECTOR ADDRESS: J. D. Buchanan, Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 12-28-61
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF

JAN 3 1962

SEP 5 1962

FEB 6 1962

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.