SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-047580
STATE FILE NUMBER

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 115

FILED DEC 21 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY Texas

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Texas

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston
Length of stay in Ib 4 or 5 hrs.

c. CITY OR TOWN Licking
Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co Mem. Hospt.
Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4 Mi W of Licking Mo
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Lawrence Middle Allen Last Marr

4. DATE OF DEATH Month 12 Day 14 Year 1961

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4-13-1894

9. AGE (last birthday) 67

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) Farming

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Texas Co Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joel Marr

13b. MOTHER'S MAIDEN NAME Polly Howell

14. NAME OF HUSBAND OR WIFE —

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 Wanda Reed Address Licking Mo

INSTEAD OF

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) Cardiac + pulmonary arrest — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Vascular accident — 1 week.

DUE TO (c) Arteriosclerosis + Hypertensive heart disease.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral lobar pneumonia

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 Nov. 1, 1961, to Dec 14-61 and last saw her/him alive on Dec 14-1961

Death occurred at 5:25 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Myers D.O. (Degree or title)

22b. ADDRESS Licking, Mo.

22c. DATE SIGNED 12-15-61

SHOULD READ

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Craddock Cem.

23d. LOCATION (City, town, or county) Texas Co (State) Mo

24. FUNERAL DIRECTOR Smith-Ferguson ADDRESS Licking Mo

25. DATE RECD. BY LOCAL REG. 12-18-61

26. REGISTRAR'S SIGNATURE Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

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 _____ Signed Eubert E Ferguso
Signature of Student Embalmer

Licensed Embalmer No. 3945

P. O. Address Pickering

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.