

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026374

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 81

FILED AUG 6 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cedar</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> Length of stay in 1b <u>2. Da</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cedar Co. Mem. Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Vernon</u></p> <p>c. CITY OR TOWN <u>Harwood</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>R. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <u>Cornelia Marquis</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <u>July 26 1962</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>7-30-1885</u> 9. AGE (last birthday) <u>75</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) <u>Cedar Co., Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Chas. T. Hackleman</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Josephine Detzler</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Otha Marquis</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>
<p>16. SOCIAL SECURITY NO. <u>--</u></p>	<p>17. INFORMANT Address <u>Otha Marquis, Harwood, Mo. R. 1</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Chronic myelogenous leukemia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease @ secondary anemia</u></p> <p style="text-align: center;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>1960</u> to <u>7-26-62</u> and last saw her alive on <u>7-26-62</u></p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Robert L. Mager M.D.</u></p>	<p>22b. ADDRESS <u>El Dorado Springs, Mo.</u></p>
<p>22c. DATE SIGNED <u>7-26-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>7-29-1962</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Hackleman Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Cedar Co. Missouri</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Gwinn-Carothers, El Dorado Spgs. Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>7-30-62</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Joe E. Hursham per G.M.</u></p>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6201

21090

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92041

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121-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

no permit obtained

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 John M. Geiser, Student Embalmer No. 661
working under my personal supervision.

Student John M. Geiser
Signature of Student Embalmer

Signed Way W. Dierking

Licensed Embalmer No. 4696

P. O. Address E. Corbett, Jr., Inc.

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.