

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-007924

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 67

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 1 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
0808						
8808						
3						
4 0						
5 1						
6						
7 0						
8 2						
9 2002						
10	SHOULD READ					
11						
121-2						
13 1-0	SHOULD READ					

1. PLACE OF DEATH  
a. COUNTY PETTIS

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Missouri b. COUNTY PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA Length of stay in 1b 2 yrs

c. CITY OR TOWN SEDALIA Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 1308 S. SNEED Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last MARVIN RAY MARRIOTT

4. DATE OF DEATH Month Day Year FEB 23 1963

5. SEX MALE 6. COLOR OR RACE CAU. 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH Apr 17-01 61 9. AGE (last birthday) 61 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT OWNER 10b. KIND OF BUSINESS OR INDUSTRY OWNER 11. BIRTHPLACE (City and state of country) MORGAN County, MO USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOSEPH R. MARRIOTT 13b. MOTHER'S MAIDEN NAME CARBIE LETSINGER 14. NAME OF HUSBAND OR WIFE CLARA GADE MARRIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 2898 Mrs Clara Marriott - Sedalia, Mo 17. INFORMANT Address SEDALIA

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Edema + Cardiac Congest Failure 8 mo. DUE TO (c) Lymphoma (Malignant) Mediastinal 9-10 mo.

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  N.  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 Aug 1963 to Feb. 23, '63 and last saw him alive on 2-28-63  
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald K. Kirby D.O. 22b. ADDRESS 814 W. 16th Sedalia Mo. 22c. DATE SIGNED 2-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE FEB 26. 63 23c. NAME OF CEMETERY OR CREMATORY GLENSTED CEM. 23d. LOCATION (City, town, or county) (State) GLENSTED MO

24. FUNERAL DIRECTOR KIDWELL FUNERAL HOME - VERSA. HAS ADDRESS 3rd St. Sedalia, Mo. 25. DATE RECD. BY LOCAL REG. Feb. 26, 1963 26. REGISTRAR'S SIGNATURE Frances Shelley per M. Anderson

USE BLACK INK OR TYPEWRITER RIBBON

MAR 7 1963

OCT 17 1966

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 Le Roy Davis Student Embalmer No. 659

working under my personal supervision.

Student Le Roy Davis  
Signature of Student Embalmer

Signed Gene L. Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.