

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24537**

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **166**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 603 S Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Convalescent Home			

3. NAME OF DECEASED (Type or Print) a. (First) SUSIE b. (Middle) ADALINE c. (Last) MARLOW			4. DATE OF DEATH July 21 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH May 31 1878		9. AGE (In years last birthday) 75		10. MONTHS I	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Sinclair County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Daniel J Marlow	
13b. MOTHER'S MAIDEN NAME Martha Laney				14. NAME OF HUSBAND OR WIFE Deceased	

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. no		17. INFORMANT'S SIGNATURE OR NAME Julia Jarvis Clinton Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Uterus.			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174X			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **March, 1950**, to **July 21, 1953**, that I last saw the deceased alive on **July 21, 1953**, and that death occurred at **5:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Fashier (Degree or title)		23b. ADDRESS W. 2nd Clinton, Mo.		23c. DATE SIGNED 7-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 23 1953		24c. NAME OF CEMETERY OR CREMATORY Englewood	
24d. LOCATION (City, town, or county) (State) Clinton Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson Funeral Home			

DATE RECD BY LOCAL REG July 21-53		REGISTRAR'S SIGNATURE Florence Adair		ADDRESS Clinton Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

422
F 2

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
Student Embalmer

Signed

F Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton ms

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 this body is not embalmed, fact should be so stated above.