

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1957

14045

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				c. CITY OR TOWN <u>Versailles</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>506 Oak Street</u>				Length of stay in lb <u>8 yrs</u>			
d. STREET ADDRESS <u>506 Oak St</u>				(If outside, give location) <u>0710</u> <input checked="" type="checkbox"/> Beside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Elizabeth</u> Last <u>MARRIOTT</u>				4. DATE OF DEATH <u>April 22 1957</u> Month <u>April</u> Day <u>22</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 28 1881</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>			
11. BIRTHPLACE (City and state or country) <u>Unionville, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Thomas R Cooley</u>				14. MOTHER'S MAIDEN NAME <u>Susan Kathryn Shipley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Elwood MARRIOTT Versailles, Mo.</u>				Address <u></u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arterio Sclerotic Heart disease</u> DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Aortic Aneurysm - 20 yrs.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs</u> <u>4 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>					
20c. TIME OF INJURY Hour <u></u> a. m. <u></u> p. m. <u></u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>					
20e. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>		STATE <u></u>			
21. I attended the deceased from <u>April 1937</u> to <u>April 22, 1957</u> and last saw her <u>alive</u> on <u>April 22, 1957</u> Death occurred at <u>112<sup>30</sup> P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) <u>J L Washburn MD</u>				22b. ADDRESS <u>Versailles Mo</u>		22c. DATE SIGNED <u>4/23/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>April 24 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ritchie Cemetery</u>		23d. LOCATION (City, town, or county) <u>Morgan County Missouri</u>	
24. FUNERAL DIRECTOR <u>Don R. Securin Versailles, Mo.</u>				ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>4/23/57</u>	
26. REGISTRAR'S SIGNATURE <u>J L Washburn</u>				27. DATE SIGNED <u>4/23/57</u>			

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 James R. Scrimmer

Licensed Embalmer No. 4880

P. O. Address Verandah, Ma

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.