

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028837

FILED VS SEP 14 1959

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 227

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b 4 days		c. CITY OR TOWN Blairstown		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Alfred Last Marksberry				4. DATE OF DEATH Month 9 Day 2 Year 59					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/28/71	9. AGE (last birthday) 88	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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Henry Co., Mo.		11. BIRTHPLACE (City and state or country) U.S.A.			12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Alex Marksberry			13b. MOTHER'S MAIDEN NAME Melissa Kirasey			14. NAME OF HUSBAND OR WIFE Florence Marksberry			
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. 499-42-9436		17. INFORMANT Address Mary Lee Marksberry, Blairstown, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 5 day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis							10-15 yrs		
DUE TO (c)									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)					
20c. TIME OF INJURY Hour 7:15 a.m. / p.m. Month 9 Day 2 Year 59			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clinton, Missouri		STATE
21. I attended the deceased from Aug. 28, 1959 to Sept 2, 1959 and last saw him alive on Sept. 1, 1959 Death occurred at 5:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>James Smith M.D.</i>				22b. ADDRESS 106 S. Third St., Clinton, Mo.			22c. DATE SIGNED 9/3/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/3/59	23c. NAME OF CEMETERY OR CREMATORY Carsville, Cemetery		23d. LOCATION (City, town, or county) Chilhowee, Missouri			(State)	
24. FUNERAL DIRECTOR Cook Funeral Home Chilhowee, Missouri				25. DATE RECD. BY LOCAL REG. 9-8-59		26. REGISTRAR'S SIGNATURE <i>Neil Reed Bigum</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Cook
Licensed Embalmer No. 4338

P. O. Address Chilhow
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.