

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS **Reg. No. 137** Primary Registration District No. **3023** Registrar's No. **250** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in lb 5 Yr,s	c. CITY OR TOWN Clinton, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) 115 No. Carter
Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First Middle Last Charles P. Markland			4. DATE OF DEATH Month Day Year 10/ 11/ 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/9/85	9. AGE (last birthday) 75	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) Brown Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY Fireworks Mfg.		11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME William D. Markland		13b. MOTHER'S MAIDEN NAME Eva Ramsey		14. NAME OF HUSBAND OR WIFE Rosa Markland		
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. 492-38-3881		17. INFORMANT Address Mabel Markland Calhoun Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)	Pneumonia			10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Cerebral Vascular Thrombosis		11 days
	DUE TO (c)	Cerebral vascular arteriosclerosis		unknown
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"/> N. <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.					
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		COUNTY	STATE
21. I attended the deceased from 3/15/60 to 10/11/60 and last saw her him alive on 10/11/60 Death occurred at 9:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Gene A. McFadden M.D.		22b. ADDRESS 114 W. Jefferson, Clinton, Mo.		22c. DATE SIGNED 10/11/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	10-12-60	Calhoun Mo		Calhoun Mo	
24. FUNERAL DIRECTOR Sickman & Dunning Clinton Mo		25. DATE RECD. BY LOCAL REG. Oct. 13, 1960		26. REGISTRAR'S SIGNATURE Kildred Bigum	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

MAY 9 1967

OCT 20 1960

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 Robert L. Dunn

Licensed Embalmer No. 4710

P. O. Address Clinton

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.