

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-002482

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

29

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SEDALIA

Length of stay in 1b

1 WEEK

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BOTHWELL HOSP

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY MORGAN

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

BUFFALO Twp

d. STREET ADDRESS

(If outside, give location)

12 MILES SOUTH OF STOVER

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

FLEET

Middle

MARRIOTT

Last

MARRIOTT

4. DATE OF DEATH

Month

JAN.

Day

23

Year

1961

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

JULY 3, 1881

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

6

20

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

VERSAILLES MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

BENJAMIN MARRIOTT

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

RUTH MARRIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

RUTH MARRIOTT STOVER MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a) Cerebral Hemorrhage

DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

10 days

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.

☐ Yes ☐ No ☐ 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.

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 Jan. 15, 1961 to Jan. 23, 1961 and last saw him alive on Jan. 23, 1961

Death occurred at 10:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

T. S. Hopkins

(Degree or title)

M.D.

22b. ADDRESS

1609 S. First

Sedalia Mo.

22c. DATE SIGNED

1-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JAN. 26, 1961

23c. NAME OF CEMETERY OR CREMATORY

PITCHIE CEMETERY

23d. LOCATION (City, town or county)

MORGAN County Mo.

(State)

24. FUNERAL DIRECTOR

Bernard Steenerson

ADDRESS

Stover Mo

25. DATE RECD. BY LOCAL REG.

1-26-1961

26. REGISTRAR'S SIGNATURE

Frances Shelby

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stowe 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.