

No. 300
10-28

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5606

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 10

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, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>About one year</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Melva</u> b. (Middle) <u>Marriott</u> c. (Last) <u>Silvey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1949</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 10, 1896</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Wm T. Marriott</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Chism</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Marriott</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'S SIGNATURE OR NAME ADDRESS <u>Robert Marriott Kansas City, Mo.</u>
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> <u>4 years</u> <u>2 or 3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Depletion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis Defamens</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsons Syndrome</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7230</u>	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

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) m.	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 June 15, 1948, to March 4, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at Sopon, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>	23b. ADDRESS <u>Versailles Mo</u>	23c. DATE SIGNED <u>3-7-49</u>
---	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Mar 7-1949</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u> 214	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Gull Versailles, Mo.</u>
--	---	--

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

RECEIVED

District Health Officer No. 7,

District File Number 2-4-9-1949

Date Filed 3-9-49

MAR 11 1949

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 Raymond C. Lerner

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.