

No. 800  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29987

FILED OCT 13 1949

State File No. ....

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

|   |  |  |   |   |  |  |   |
|---|--|--|---|---|--|--|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>132</u>  |   | PRIMARY REG. DIST. NO. <u>5478</u>  |  | Registrar's No. <u>115</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Brumley</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Mo</u> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion Twp</u>  |  | c. LENGTH OF STAY (In this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion Twp</u>                                  |  |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Salt Mo Route # 2</u>  |  |  |   | d. STREET ADDRESS (If rural, give location) <u>Salt Route # 2</u>   |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CLARENCE</u> b. (Middle) <u>VERNON</u> c. (Last) <u>MARRS</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept 3 1949</u> |   |  |  |   |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH <u>May 10, 1885</u>                                   |   |
| 9. AGE (In years last birthday) <u>64</u>   |  | 10. UNDER 1 YEAR Days <u>5</u>   |   | 11. UNDER 1 YEAR Hours <u>13</u>  |  | 12. UNDER 1 YEAR Min. _____  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>               |   | 11. BIRTHPLACE (State or foreign country) <u>Brumley County Mo</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |
| 13a. FATHER'S NAME <u>Charles MARRS</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Myrtle Flesher</u>             |   | 14. NAME OF HUSBAND OR WIFE <u>Bessie MARRS</u>                    |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. (If res. give war or dates of service) <u>493-18 6803</u>                      |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Bessie MARRS</u> ADDRESS _____   |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  |  |   |   |  |  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>  |  |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>                         |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis</u><br>DUE TO (c) <u>nephritis</u>  |  |  |   |   |  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |   |  | <u>1/5000</u>  |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)   |  |  |   |
|   |  |  |   | <u>Marion Twp. Brumley Mo.</u>  |  |  |   |
| 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 <u>5-10</u> , 19 <u>49</u> , to <u>9-3</u> , 19 <u>49</u> that I last saw the deceased alive on <u>9-2</u> , 19 <u>49</u> , and that death occurred at <u>2:20P.</u> m., from the causes and on the date stated above. |  |  |   |   |  |  |   |
| 23a. SIGNATURE (Degree or title) <u>W Douglas C. Peacey D.O.</u>  |  |  | 23b. ADDRESS <u>305 W 12<sup>th</sup> Trenton, Mo.</u>      |   |  | 23c. DATE SIGNED <u>9-6-49</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Sept. 6, 1949</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Hill County</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Daniels County Mo</u> |   |
| DATE REC'D BY LOCAL REG. <u>9-6-49</u>  |  | REGISTRAR'S SIGNATURE <u>Irene Fair</u> <u>115</u>   |   | FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>  |  | ADDRESS <u>Trenton</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.....

..... *Mayer* ..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed..... *Walter E. Mayer* .....

Licensed Embalmer No. *4490* .....

P. O. Address..... *Juntura, 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.