

No. 300
10-48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31304**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **41**

0581954
10-10

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

| | | | | | |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Morgan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Morgan | |
| b. CITY OR TOWN Rural Osage Township 15 Twp | | c. CITY OR TOWN Versailles | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 18 N. S. Versailles | | e. STREET ADDRESS (If rural, give location) 18 N. S. Versailles 0710 | | | |

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|--|--|-------------------------------|------------------------------|---|-------------------------|--|---|---|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Claude | | | b. (Middle) Whitfield | | c. (Last) Marham | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Apr. 8, 1893 | | 9. AGE (In years last birthday) 61 | | IF UNDER 1 YEAR Months 5 Days 1 | | IF UNDER 24 HRS. 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 | | 11. BIRTHPLACE (City and State or Foreign Country) Wright Co., Mo. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |

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|--|--|--|--|---|--|---|--|-----------------------------------|--|
| 13a. FATHER'S NAME Johnnie Marham | | | 13b. MOTHER'S MAIDEN NAME Nancy Shuder | | | 14. NAME OF HUSBAND OR WIFE Edna Marham | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Edna Marham | | | | ADDRESS Versailles, Mo. | |

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|---|--|--|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia | | | | | | 48 hours | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving DUE TO (b) Malnutrition rise to the above cause (a) stating the underlying cause last. DUE TO (c) Resection for carcinoma of stomach. | | | | | | 7 years | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 7 years | |

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|--|--|--|--|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 151 X | | | | | | 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.) at | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 January 20, 1945 to Sept 9, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 7:30 m., from the causes and on the date stated above.

| | | | | | | | | |
|--|--|--|--|--|--|---|--|--|
| 23a. SIGNATURE (Degree or title) P. F. Eckhoff, D.O. | | | 23b. ADDRESS Versailles, Mo. | | | 23c. DATE SIGNED 9-10-54 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Sept. 14-54 | | 24c. NAME OF CEMETERY OR CREMATORY Mr. Mariah Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| DATE REC'D BY LOCAL REG. 9-13-54 | | REGISTRAR'S SIGNATURE J. S. Haskin 214 | | 25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kimmel | | ADDRESS Versailles, Mo. | | |

SEP 28

MAR 18 1959

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 *Raymond C. Linder*

Licensed Embalmer No. *H. 6. 26*

P. O. Address *Wesley*

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.