

FILED JUN 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. **19403**

BIRTH NO. 35845-56 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wash.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union</b>		c. CITY OR TOWN <b>Cadet</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. #1, Cadet</b>		e. STREET ADDRESS (If rural, give location) <b>Rt. #1 Box 337</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARLYN</b> b. (Middle) <b>JO</b> c. (Last) <b>DECLUE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31 1956</b>	
5. SEX <b>Female</b>	6. COLOR: OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>May 31 1956</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>None</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	9. AGE (In years) If UNDER 1 YEAR last birthday Months Days Hours Min. <b>7 45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cadet, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Walter R. DeClue</b>	
13b. MOTHER'S MAIDEN NAME <b>Erma Schutte</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>XXXXXXXXXXXX</b>		16. SOCIAL SECURITY NO. <b>XXXXXX</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Walter R. DeClue, Cadet, Mo.</b>		ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature (6 mo.)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>7 hr. 45 min.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>776x</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 5/31/56, 1956, to 5/31, 1956, that I last saw the deceased alive on 5/31, 1956 and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. E. Fournier D.O.</b>	(Degree or title)	23b. ADDRESS <b>De Soto, Mo.</b>	23c. DATE SIGNED <b>6-4-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/1/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Family cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rt. 1, Cadet Mo.</b>

DATE REC'D BY LOCAL REG. <b>6/8/56</b>	REGISTRAR'S SIGNATURE <b>Arbuck Kudall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 12

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

NOT EMBALMED

*embalmed*  
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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.