

FILED MAR 6 1957

STANDARD CERTIFICATE OF DEATH

3631

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Centralia</b>		0100 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			Length of stay in lb <b>5 days</b>		d. STREET ADDRESS (If outside, give location) <b>Route 4</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>First Middle Last</i> <b>Marjorie Esther Oliver</b>				4. DATE OF DEATH <i>Month Day Year</i> <b>Feb. 25 1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 23, 1902</b>		9. AGE (In years last birthday) <b>54</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Bremer County, Iowa /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>John B. Marsh</b>				14. MOTHER'S MAIDEN NAME <b>Effie Pepin</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>483-10-2882</b>		17. INFORMANT Address <b>Carl E. Oliver, Rte 4, Centralia, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic myelogeneous leukemia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY <i>Hour Month, Day, Year</i> a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>1/28/55</b> to <b>2/25/57</b> and last saw her <sup>alive</sup> on <b>2/25/57</b> Death occurred at <b>10:30 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>John L. Ward MD</b>				22b. ADDRESS <b>Centralia, Mo.</b>		22c. DATE SIGNED <b>2/25/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Feb. 28, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City of Centralia</b>		23d. LOCATION (City, town, or county) <b>Centralia, Mo.</b>			
24. FUNERAL DIRECTOR <b>Bill E. Meador</b>		ADDRESS <b>Centralia, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 27-1957</b>		26. REGISTRAR'S SIGNATURE <b>Blenche Neely</b>	

MAR 6 1952

OCT 17 1950

**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 .....Richard A. Norton....., Student Embalmer No. .... working under my personal supervision..

Student Richard A. Norton  
Signature of Student Embalmer

Signed Bill J. Meador  
Licensed Embalmer No. 4876

P. O. Address Centralia,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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: