Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043845
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY GRUNDY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1821 E 7th St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY GRUNDY
c. CITY OR TOWN TRENTON — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1821 E 7th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Everett Middle Ashwell Last MARRS

4. DATE OF DEATH Month Dec Day 12 Year 1958

5. SEX Male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb 13, 1883
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INTERIOR DECORATOR
10b. KIND OF BUSINESS OR INDUSTRY Paint + Paper
11. BIRTHPLACE (City and state or country) GRUNDY County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Everett Marrs
13b. MOTHER'S MAIDEN NAME Olive Flesher
14. NAME OF HUSBAND OR WIFE Mattie Lee MARRS

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.
17. INFORMANT Mattie Lee MARRS Address TRENTON, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 2 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1954 to 12/12 58 to _____ and last saw her/him alive on 12/12/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. J. Mairs MD
22b. ADDRESS Trenton Mo
22c. DATE SIGNED 12/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Maple Grove
23d. LOCATION (City, town, or county) Trenton (State) Mo.

24. FUNERAL DIRECTOR J. Gordon Blackmon ADDRESS Trenton Mo
25. DATE RECD. BY LOCAL REG. 12-15-58
26. REGISTRAR'S SIGNATURE Irene Fair

E. J. Mairs

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Claude H Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.