

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013902

STATE FILE NUMBER

FILED APR 21 1959

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 63

300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>246 Polk</b>		Length of stay in 1b <b>6 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>747 W. 2nd</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles L Marks</b>			4. DATE OF DEATH Month Day Year <b>Apr. 7, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 22, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter &amp; painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Local</b>	11. BIRTHPLACE (City and state or country) <b>Laclede Co. Mo.</b>
13a. FATHER'S NAME <b>George H. Marks</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Richardson</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>No</b>		16. SOCIAL SECURITY NO. <b>497-05-1677</b>	17. INFORMANT Address <b>Edgar Marks, Lebanon, 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>Cerebro vascular accident, hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease</b>			<b>15 yrs.</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) <b>331x</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year 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 Death occurred at <b>4:15</b> P. to <b>Apr 7, 1959</b> and last saw her/him alive on <b>Jan. 1959</b>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Edgar Marks</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>4/10/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/10/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Dallas County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>S. P. Palmer Lebanon Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-10-1959</b>	26. REGISTRAR'S SIGNATURE <b>Mella L. May</b>

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 *S. R. Palmer* .....

Licensed Embalmer No. *2208* .....  
P. O. Address *Lebanon* .....

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.