

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15212

BIRTH NO. _____		REG. DIST. NO. <u>826</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>22</u>		
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>SCOTLAND</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. LENGTH OF STAY (in this place) <u>25 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u> <u>0990</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAZEL</u> b. (Middle) <u>EDITH</u> c. (Last) <u>MARLOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 14 1951</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>1-19-1903</u>		
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SCOTLAND COUNTY</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>CHARLES MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>ARZINA SHAW</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN H. MARLOW</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. J. H. Martin</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>M. Lactatic Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>196X</u>						
19a. DATE OF OPERATION <u>March 24, 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>M. Lactatic Lesions of Dura 10th dorsal.</u>					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.)		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 <u>March 23, 1951</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>9 P.M.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. E. Hejlikan MD</u>				23b. ADDRESS <u>Memphis, Mo.</u>		23c. DATE SIGNED <u>4/23/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>SCOTLAND CO. Mo</u>		
DATE REC'D. BY LOCAL REG. <u>4/25/51</u>		REGISTRAR'S SIGNATURE <u>OTM Baker</u> <u>407</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. Wayne Stone Memphis</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0990

1967 9 11 AM 100

Date Received: MAY 7 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-878
Date Filed: MAY 8 1951

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
Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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 this body is not embalmed, fact should be so stated above.