FILED NOV 27 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER 124 68 0047858

CERTIFICATE OF DEATH

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 92

DO NOT WRITE ON THIS STUB

9.	0
10a.	91
10b.	
11.	0
12.	2
13.	412.3
14.	
15.	9
16.	
17.	
18.	0
19. CREDITS	
20.	1 - 0

VS 300 Rev. 1/68

4. 1100

5. 90

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Ames NMN Marler
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): November 21, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 91
5b. UNDER 1 YEAR (MOS., DAYS):
5c. UNDER 1 DAY (HOURS, MIN.):
6. DATE OF BIRTH (MONTH, DAY, YEAR): December 12, 1876
7a. COUNTY OF DEATH: Washington
7b. CITY, TOWN, OR LOCATION OF DEATH: Mineral Point
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): no
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Route 1
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: none
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer
13b. KIND OF BUSINESS OR INDUSTRY: Farm

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 1100

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Washington
14c. CITY, TOWN, OR LOCATION: Mineral Point
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): no
14e. STREET AND NUMBER: Route 1

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): James Marler
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Delilah Crump

17a. INFORMANT—NAME: Marie Mayberry
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Leadwood, Missouri

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Myocarditis
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO):
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC., (SPECIFY)):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 9/15/64
21b. TO (MONTH, DAY, YEAR): 11/21/68
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 11/20/68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: NOT
21e. DEATH OCCURRED (HOUR): 5:45 P.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: 5:45 PM M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): 5:45 PM M.
23a. CERTIFIER—NAME (TYPE OR PRINT): George F. Cresswell, MD
23b. SIGNATURE: G F Cresswell MD (DEGREE OR TITLE)
23c. DATE SIGNED (MONTH, DAY, YEAR): 11/25/68
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 310 N. Missouri, Potosi, Missouri, 63664

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Hopewell
24c. LOCATION (CITY OR TOWN, STATE): Rt. 1, Mineral Point, Mo.
24d. DATE (MONTH, DAY, YEAR): Nov. 24, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Don Sparks Funeral Home Inc. Potosi, Missouri
25b. FUNERAL DIRECTOR—SIGNATURE: Donald Sparks
26a. REGISTRAR—SIGNATURE: H Wm Rudell
26b. DATE RECEIVED BY LOCAL REGISTRAR: 11/25/1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 2 1968

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 Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

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.