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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28553

Primary Registration District No. 3072

Registrar's No. 172

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Paul's Invalid Home O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Bosworth (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EDWIN ARTHUR SQUIRES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Ellen Squires

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 9 (Day) 1859 (Year)

8. AGE: Years 88 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Carroll Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

FATHER
12. Name Walter O. Squires
13. Birthplace (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Frances Hancock
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Harry Squires

(b) Address Carrollton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Park Cem Carrollton Mo

18. (a) Signature of funeral director Standley & Gibson

(b) Address Carrollton Mo

19. (a) Aug. 12-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1948 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from Aug 12, 1948 to Aug 12, 1948 that I last saw him alive on Aug 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 min
Due to	
Due to Arterial Sclerosis	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury —

23. Signature [signature] (M. D. or other)

Address Marshall Mo. Date 8/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 8-18-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.