

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9136

FILED MAR 17 1949

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Pudersow</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Pudersow - Rural</i>	
c. LENGTH OF STAY (In this place) <i>10 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>PETE</i>	b. (Middle) <i>CARTER</i>	c. (Last) <i>MARSHALL</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb 6th 1949</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Nov. 7th 1901</i>	9. AGE (In years last birthday) <i>47</i> Months <i>2</i> Days <i>29</i>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>	11. BIRTHPLACE (State or foreign country) <i>Stethy Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
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13a. FATHER'S NAME <i>Ben Marshall</i>	13b. MOTHER'S MAIDEN NAME <i>Nora Thomas</i>	14. NAME OF HUSBAND OR WIFE <i>Earl E. Marshall</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>yes 1918-1919</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Gene Marshall</i> ADDRESS <i>Pudersow</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	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.		<i>6-10-49</i> <i>26</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <i>Public Road</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Pudersow, McDonald, MO.</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>2-6-1949:??</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Struck by Peto</i> <i>060</i>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. W. Humphrey</i> (Degree or title)	23b. ADDRESS <i>Pineville, MO.</i>	23c. DATE SIGNED <i>2-6-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-8-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pineville</i>	24d. LOCATION (City, town, or county) (State) <i>Pineville, McDonald, MO.</i>
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DATE REC'D BY LOCAL REG. <i>3-5-49</i>	REGISTRAR'S SIGNATURE <i>Mayme Humphrey</i> <i>423</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D. W. Humphrey</i> ADDRESS <i>Pineville</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 6,

District File Number 349-297

Date Filed 3-16-49

REC'D
MAR 16 1949

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.

Signed.....
Student Embalmer

Signed Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Parisville, Vt.

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.