

No. 300
10.48

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24383

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <i>Polk</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Flemington</i>		c. LENGTH OF STAY (in this place) <i>75 yrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Flemington</i>		d. STREET ADDRESS (If rural, give location) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____					

3. NAME OF DECEASED (Type or Print) a. (First) <i>Robert</i> b. (Middle) <i>A.</i> c. (Last) <i>MARSH</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 3-1949</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 19-1868</i>		9. AGE (In years last birthday) <i>80</i> <small>MONTHS</small> <i>8</i> <small>DAYS</small> <i>14</i> <small>IF UNDER 24 HRS.</small> _____ <small>Hours</small> _____ <small>Min.</small> _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Platt Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Richard Marsh</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Ellington</i>		14. NAME OF HUSBAND OR WIFE <i>Lizzie Marsh</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Bertha Smith, Flemington, Mo.</i> ADDRESS _____		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>			?
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</i> DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<i>331X</i>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 *July 24, 1949*, to *Aug 3, 1949*, that I last saw the deceased alive on *July 24, 1949*, and that death occurred at *1200 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. W. Tillman Jr. M.D.</i>		23b. ADDRESS <i>Bolivar, Mo.</i>		23c. DATE SIGNED <i>8-4-49</i>	
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 5-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Flemington Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Flemington, Mo.</i>	

DATE REC'D BY LOCAL REG. <i>Aug 5, 1949</i>		REGISTRAR'S SIGNATURE <i>Ralph Gordon</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. W. Pison</i> ADDRESS <i>Humansville, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

no pre-10-1-49

RECEIVED

District Health Officer No. 7,

District File Number 1-49-76

Date Filed 8-11-49

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. 247

working under my personal supervision.

Student Kim St. Northrup
Student Embalmer

Signed E. H. Primm

Licensed Embalmer No. 4282

P. O. Address Humaneville, 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.