

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39853

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Slater (Rural)</b>	
c. LENGTH OF STAY (in this place) <b>2 dvs.</b>		d. STREET ADDRESS (If rural, give location) <b>Route #3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SARAH</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>HULL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 30, 1864</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Wilkerson</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Lyons</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Hull Marshall</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Viola Burnside Marshall</b>	ADDRESS <b>Marshall, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Stroke Elizabeth Hull</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>
	ANTECEDENT CAUSES <b>Regulating apparatus</b>		
	DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Pneumonia (2-16 x 8)</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic ulcer right leg</b>			<b>3 hrs</b> <b>2:10-49</b> <b>80 yrs</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Slater, Mo. 5571</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5571</b>
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22. I hereby certify that I attended the deceased from **2-10**, 19**48**, to **Nov 11**, 19**49**, that I last saw the deceased alive on **Nov 4**, 19**49**, and that death occurred at **9:01** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Slater, Mo.</b>	23c. DATE SIGNED <b>11-14-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 13, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov. 14 1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	385	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	ADDRESS <b>Marshall, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

On Filed 11-23-49

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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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, Ia

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.