

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1550

FILED JAN 28 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 5586 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marion</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 4, Carthage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 4, Carthage</u>		d. STREET ADDRESS (If rural, give location) <u>Rt # 4, Carthage</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>KATHRYN ELIZABETH</u>	b. (Middle) <u>MARSDEN</u>	c. (Last) <u>MARSDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-9-50</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>10-14-48</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Everett C. Marsden</u>	13b. MOTHER'S MAIDEN NAME <u>Eva. K Sweet</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Marsden, Carthage, Rt #4,</u>	ADDRESS <u></u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rhabdomyosarcoma of uterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BeTroyoid SARCOMA OF VAGINA AND UTERUS</u> DUE TO (c) <u>(Supplementary report)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 14, 1948, to Jan. 9, 1950, that I last saw the deceased alive on Jan. 8, 1950, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Schell, M.D.</u>	(U (Degree or title))	23b. ADDRESS <u>Carthage, Mo.</u>	23c. DATE SIGNED <u>1/9/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-9-50</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Carthage, Mo.</u>	ADDRESS <u></u>
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Per H. Ferguson Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-50 JAN 31 1950
Jasper County Health Office

County File Number 50-1-7

Date Filed 1-24-50

JAN 30 1950

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

John S. Penney

Licensed Embalmer No. 4194

P. O. Address _____

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.