

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1570

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Valle		c. LENGTH OF STAY (In this place) 8 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		RURAL (VALE)
d. FULL NAME OF HOSPITAL OR INSTITUTION Star Route DeSoto Mo.			d. STREET ADDRESS (If rural, give location) Star Route 6500		

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Veech c. (Last) Marshall			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1884		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Louisville Ky. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Burwell K. Marshall		13b. MOTHER'S MAIDEN NAME Elizabeth Veech		14. NAME OF HUSBAND OR WIFE Elizabeth V. Marshall	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or in (town))	16. SOCIAL SECURITY NO. 488 07 1222	17. INFORMANT'S SIGNATURE OR NAME Elizabeth V. Marshall Star Route DeSoto Mo.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis, left lung 3 years +		II. OTHER SIGNIFICANT CONDITIONS			002X
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
		DUE TO (b)			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 1847, to Jan 9, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Donnell M.D. (Degree or title)		23b. ADDRESS DeSoto, Mo		23c. DATE SIGNED 1-10-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 12 1950	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeSoto Missouri		
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DATE REC'D BY LOCAL REG. 1/12/50	REGISTRAR'S SIGNATURE Marie Harris 146	25. FUNERAL DIRECTOR'S SIGNATURE Donnell P. Donnell		ADDRESS DeSoto Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500  
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JAN 20 1950

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 1-16-50

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 \_\_\_\_\_

*Percy T. Melster*

Student Embalmer No.  *346*

working under my personal supervision.

Student  *Percy T. Melster*   
Student Embalmer

Signed  *Donald B. Dietrich*

Licensed Embalmer No.  *4104*

P. O. Address  *Defits 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.