

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3797
Registrar's No. 14

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Flatcreek)		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Flatcreek)		0050
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Joyce b. (Middle) Ann c. (Last) Marshall			4. DATE OF DEATH (Month) (Day) (Year) 1-21-1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nevermarried	8. DATE OF BIRTH 8-31-1946		9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Marshall		13b. MOTHER'S MAIDEN NAME Ruby Turner		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Marshall-Cassville, Missouri		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) accident was hit by car. ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 30 min. Feb 22 22
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 400 PM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Home Cassville Barry MO.			
21d. TIME OF INJURY (Month) (Day) (Year) Jan. 21, 1950 4:23 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Father was backing out of yard hitting child.			
22. I hereby certify that I attended the deceased from Jan 21, 1950 to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 4:23 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dorris M. Salyer M.D.			23b. ADDRESS Cassville MO		23c. DATE SIGNED Jan 25 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-1950	24c. NAME OF CEMETERY OR CREMATORY Horner Cemetery		24d. LOCATION (City, town, or county) (State) Barry County, Missouri	
DATE REC'D BY LOCAL REG. 2-10-1950	REGISTRAR'S SIGNATURE Grace Williams 10		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hon. A. Williams Cassville MO		

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

050

RECEIVED FEB 13 1950

District Health Office No. 6, 23

District File Number 250-212

Date Filed 2-14-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Glen R. Williams

Signed _____
Student Embalmer

Licensed Embalmer No. 4651

P. O. Address Cassville, 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.