

S. No. 300  
V. 10.48

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

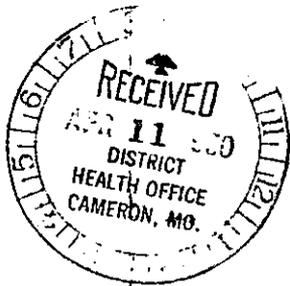
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State File No. \_\_\_\_\_

0402

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>40</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Shenton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shenton</u>		0402			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>512 Grant St</u>				d. STREET ADDRESS (If rural, give location) <u>512 Grant St</u>					
3. NAME OF DECEASED (Type or Print) <u>MRS MARY ANN DAVIS</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>3-11-50</u>		(Month)		(Day)		(Year)			
5. SEX <u>fe</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1-22-1859</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>James Meighan</u>			13b. MOTHER'S MAIDEN NAME <u>Suzanna Riggs</u>			14. NAME OF HUSBAND OR WIFE <u>John Larr Marshall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Larr Marshall</u>		ADDRESS <u>Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>arterio Sclerosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio Sclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 yr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid 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.								4500	
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)					
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?					
22. I hereby certify that I attended the deceased from <u>March 1, 1950</u> , to <u>March 11, 1950</u> , that I last saw the deceased alive on <u>March 9, 1950</u> , and that death occurred at <u>6:52 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. A. Duffy M.D.</u>				(Degree or title)		23b. ADDRESS <u>Shenton Mo</u>		23c. DATE SIGNED <u>March 12 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berry Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Galt Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/13/50</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.R. Paynter</u>		ADDRESS <u>Galt Mo</u>			

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



**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..... *P. R. Payne Jr* .....

Licensed Embalmer No. *3400* .....

P. O. Address..... *Galt* .....

**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.