

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13509

State File No. \_\_\_\_\_  
Registrar's No. 7.0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5127

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> - b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>46 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>918 W. 3rd ST.</u>		d. STREET ADDRESS (If rural, give location) <u>918 W. 3rd St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Marsh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 16, 1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR <u>9</u> Months <u>15</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>molder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Webb Corporation</u>	11. BIRTHPLACE (State or foreign country) <u>McKinney, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James B. Marsh</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Marcum</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Marsh</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Marsh</u> ADDRESS <u>Webb City, Mo.</u>
--	-------------------------------	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	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.		<u>331X</u>	

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) _____	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 5-1, 1950, to 5-1, 1950 that I last saw the deceased alive on 5-1, 1950, and that death occurred at 5:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. B. Munson M.D.</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>5-1-50</u>
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>May 4 1950</u>	REGISTRAR'S SIGNATURE <u>J. L. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simpson</u> ADDRESS <u>Webb City MO.</u>
--	--	---

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

5492

0492

RECEIVED 5-9-50

Jasper County Health Office

County File Number 50-4-389

Date Filed 5-10-50

MAY 18 1950

JUN 12 1951

MAY 12 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

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed Jack C Simpson

Licensed Embalmer No. 4447

P. O. Address Webb City, 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.