

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15532

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

BIRTH NO. _____		REG. DIST. NO. <u>1223</u>		PRIMARY REG. DIST. NO. <u>4474</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>208 Daisy Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>215 Lexington Ave</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Guy</u> c. (Last) <u>Marsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 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>Aug. 26, 1906</u>	
9. AGE (In years) (Months) (Days) <u>43 8 3</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frozen Food Locker</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Charles Marsh</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Robbins</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Marsh</u>	
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>Mildred Marsh</u> ADDRESS <u>Sweet Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Pulmonary edema</u> <u>with pulmonary emphysema -</u> <u>causes unknown</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary edema</u> ANTECEDENT CAUSES <u>causes unknown</u> 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 <u>20 min.</u> <u>20 min.</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) (Min.)		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>5 Dec. 1949</u> , to <u>29 Apr. 1950</u> , that I last saw the deceased alive on <u>29 Apr. 1950</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ralph H. Mesner M.D.</u> (Degree or title)				23b. ADDRESS <u>Sweet Springs, Mo.</u>		23c. DATE SIGNED <u>1 May 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/1/50</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Mosley</u> ADDRESS <u>Sweet Springs, Mo.</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

970

no

RECEIVED

MAY 8

District Health Officer No. 6

District File Number

Date Filed 5/9/50

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.

Student Student Embalmer

Signed Edgar L. Moseley Licensed Embalmer No. 4711

P. O. Address Sweet Springs, 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.