

FILED AUG 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

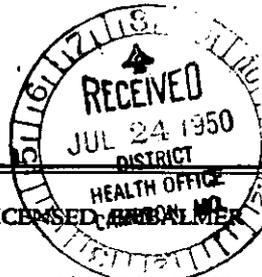
State File No. 23154

0310

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Davless</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davless</u>	
b. CITY OR TOWN <u>Altamont</u>		c. CITY OR TOWN <u>Altamont</u>	
c. LENGTH OF STAY (In this place) <u>26 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>----</u>		e. STREET ADDRESS (If rural, give location) <u>----</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>Ray</u> c. (Last) <u>Marshall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Feb. 11 1873</u>
9. AGE (In years last birthday) <u>77</u> # UNDER 1 YEAR <u>4</u> # UNDER 1 MONTH <u>26</u> # UNDER 1 HOUR <u>----</u> # UNDER 1 MIN. <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dennis Marshall</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Gravin</u>		14. NAME OF HUSBAND OR WIFE <u>----</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) <u>----</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maymie Lester, Altamont, Mo.</u>		ADDRESS <u>Altamont, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Renal disease.</u> 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 <u>Several months.</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 <u>June 22, 1950</u> , to <u>July 7, 1950</u> , that I last saw the deceased alive on <u>July 6, 1950</u> , and that death occurred at <u>2:55P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank W. Wilson MD</u> (Degree or title)		23b. ADDRESS <u>Winston Mo.</u>	
23c. DATE SIGNED <u>7-8-50.</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>21 July 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	



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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*L. O. Peterson*

Signed.....

Student Embalmer-

Licensed Embalmer No. *3302*

P. O. Address *Fallview M*

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.