No. 300
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FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27336

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro
c. LENGTH OF STAY (In this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Grove Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto 0502
d. STREET ADDRESS (If rural, give location): 604 S. 5th. St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Scott
b. (Middle): N.M.N.
c. (Last): Marshall

4. DATE OF DEATH (Month) (Day) (Year): Aug. 24, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Apr. 23, 1866
9. AGE (In years at last birthday): 84
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Shops
11. BIRTHPLACE (State or foreign country): Versailles, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Norris Marshall
13b. MOTHER'S MAIDEN NAME: ? Wingate
14. NAME OF HUSBAND OR WIFE: Ellen Hopson Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James Marshall
ADDRESS: De Soto, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, basal, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease myocardial insufficiency — 2 years

DUE TO (c) Generalized arteriosclerosis — ? 3 or 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1, 1950, *to* Aug 24, 1950, *that I last saw the deceased alive on* Aug 23, 1950 *and that death occurred at* 5:40 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas A. Donnell (Degree or title) M.D.
23b. ADDRESS: DeSoto, Mo
23c. DATE SIGNED: 8-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/27/50
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): DeSoto Mo.

DATE REC'D BY LOCAL REG.: Sep 2-1950
REGISTRAR'S SIGNATURE: Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathushead
ADDRESS: DeSoto, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-8-50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Andrew H Englan

Signed.....
Student Embalmer

Licensed Embalmer No. 4745

P. O. Address De Soto, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.