

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31016**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **8040** Registrar's No. **162**

592

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Livingston		a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) Ryan Lane #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) George	b. (Middle) Roy	c. (Last) Marsh	October 4, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-26-1886
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George Marsh		13b. MOTHER'S MAIDEN NAME Rebecca Heller	14. NAME OF HUSBAND OR WIFE Sylvia O'Dell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-14-4618	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Marsh, RR⁵ Chillicothe, Mo.
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, S. Soli, R. Lower	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 6 days	
II. ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
III. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		490X	
YES <input type="checkbox"/> NO <input 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>Jan 1, 1950</u>, to <u>Oct 4, 1950</u>, that I last saw the deceased alive on <u>Oct 3, 1950</u>, and that death occurred at <u>10-P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph A. Conrad, M.D.		23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED Oct 7-50
24. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-50	24c. NAME OF CEMETERY OR CREMATORY May	24d. LOCATION (City, town, or county) (State) Livingston Co. Missouri
DATE REC'D BY LOCAL REG. Oct 17-50	REGISTRAR'S SIGNATURE Frances B. Neel	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo	



JAN 9 1951

OCT 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chellie's the 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.