

FILED FEB 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1595

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 559L Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) CENTRAL TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - CENTRAL TOWNSHIP	
c. LENGTH OF STAY (In this place) 87 YEARS		d. STREET ADDRESS (If rural, give location) HOME NEAR GOLDMAN MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME NEAR GOLDMAN MO			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) LILLY	b. (Middle) MARSDEN.	c. (Last)	(Month)	(Day)	(Year)
			JAN	31	1951

5. SEX F. / W.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 14 1863	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 17	IF UNDER 24 HRS. Hours 17	IF UNDER 24 HRS. Min. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) SANDY MO		12. CITIZEN OF WHAT COUNTRY? U. S. A		

13a. FATHER'S NAME ALEX HENSLEY		13b. MOTHER'S MAIDEN NAME VIRGINIA MOSS		14. NAME OF HUSBAND OR WIFE SAMUEL J. MARSDEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MR. R. MARSDEN - HILLSBORO MO.	
				ADDRESS	

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		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 1 week 442X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac renal disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral edema DUE TO (c)		
II. 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from Jan 1947, to Jan 31, 1951, that I last saw the deceased alive on Jan 30, 1951 and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mr. E. J. ...</i>	(Degree or title)	23b. ADDRESS <i>Hillsboro, Mo.</i>	23c. DATE SIGNED 2/1/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 3, 1951	24c. NAME OF CEMETERY OR CREMATORY HILLSBORO CEM.	24d. LOCATION (City, town, or county) (State) HILLSBORO MO.
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DATE REC'D BY LOCAL REG. 2-2-51	REGISTRAR'S SIGNATURE <i>Ruth M. Marsden</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Heiligtag</i>	ADDRESS FUNERAL HOME KIMMSWICK MO.
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED: 2-9-21

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 *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Kimmswick*

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.