

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4572

0422

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BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3022 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Wetzel Hospital		d. STREET ADDRESS (If rural, give location) 614 South Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Marseilles	c. (Last) Marseilles	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 22	IF UNDER 24 HRS. Hours Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopathic Physician	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Francis Marseilles	13b. MOTHER'S MAIDEN NAME Adelia Allen	14. NAME OF HUSBAND OR WIFE Myrtle Marseilles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice M. Dunn	ADDRESS Richmand Virginia
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of lung		INTERVAL BETWEEN ONSET AND DEATH 463x
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) labor pneumonia.		
	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 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) m.	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 Feb 20, 1951, to Feb 23, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <i>[Signature]</i>	23b. ADDRESS Clinton Mo	23c. DATE SIGNED Feb 23
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 25, 1951	24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	24d. LOCATION (City, town, or county) (State) Clinton, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb-25-51 Florence Adair	4.25	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>[Address]</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-26-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-26-57

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 *Fred W. Williams Jr.*

Licensed Embalmer No. 4570

P. O. Address *Clinton, 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.