

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17146

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		<u>0542</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 North 16th St.</u>				d. STREET ADDRESS (If rural, give location) <u>211 North 16th St.</u>			
3. NAME OF DECEASED a. (First) <u>JULIUS</u>			b. (Middle) <u>EUGENE</u>		c. (Last) <u>MARSHALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 19 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22, 1869</u>		9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	11. OVER 1 YEAR Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (State or foreign country) <u>Wellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Julius L. Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Cordellia Sloan</u>		14. NAME OF HUSBAND OR WIFE <u>Laura B. Warder Marshall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura B. Marshall Lexington, 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>Generalized Arteriosclerosis & Congestive Heart Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>month</u>
		ANTECEDENT CAUSES Morbid 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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>Nov 6, 1948</u> to <u>May 19, 1951</u> , that I last saw the deceased alive on <u>May 19, 1951</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jessie Arnold</u>				23b. ADDRESS <u>1315 Franklin Ave Lexington Missouri</u>		23c. DATE SIGNED <u>May 21/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Missouri Mo.</u>	
DATE REC'D BY LOCAL REG <u>May 25 1951</u>		REGISTRAR'S SIGNATURE <u>Minna E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>			

RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-28-51

1951
MAY 28 1951

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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 _____

Norman W. Johnson
working under my personal supervision.

Student Embalmer No. 427

Signed Norman W. Johnson
Student Embalmer

Signed Leo McKean

Licensed Embalmer No. 2983

P. O. Address Leungton Missouri

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.