

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17421

BIRTH NO.		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4360</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE 073-1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANA H</u> b. (Middle) <u>KAY</u> c. (Last) <u>MARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21-1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE 0</u>	8. DATE OF BIRTH <u>MAY 20-1951</u>	9. AGE (In years last birthday) <u>1</u>	10. MONTHS <u>1</u>	11. YEARS <u>1</u>	12. IF UNDER 14 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>TOMMEY MARSHALL</u>		13b. MOTHER'S MAIDEN NAME <u>Nlyte Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>TOMMEY MARSHALL</u> ADDRESS <u>PORTAGEVILLE 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>Congenital Heart Condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓ ✓</u> DUE TO (c) <u>✓ ✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7544		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) m.		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>May 20, 1951</u> , to <u>May 21, 1951</u> , that I last saw the deceased alive on <u>May 20, 1951</u> , and that death occurred at <u>7:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Clayton McHenry, M.D.</u> (Degree or title)				23b. ADDRESS <u>Marston Mo.</u>		23c. DATE SIGNED <u>5/23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE</u>		24d. LOCATION (City, town, or county) (State) <u>MARSTON MO</u>		
DATE REC'D BY LOCAL REG. <u>June 8, 1951</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLisle</u> <u>219</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRIENDS PORTAGEVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. C

File No.

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.

No Embalming

Student Embalmer No.

Signed.....

Leo Hedges

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

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.