

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17506

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5905 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Godair		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Godair 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Rural #1 Portageville 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Thelma	b. (Middle) Marshall	c. (Last) Gault	4. DATE OF DEATH (Month) (Day) (Year)
				June 2 1951

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec. 8, 1909	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Point Pleasant, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James P. Marshall	13b. MOTHER'S MAIDEN NAME Ada Moore	14. NAME OF HUSBAND OR WIFE
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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. No	17. INFORMANT'S SIGNATURE OR NAME Charles Gault	ADDRESS Portageville, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	DUE TO (b) Carcinoma of Liver		6 months
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	generalized metastases		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUE TO (c)		

19a. DATE OF OPERATION Feb 57	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver	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)
		Portageville New Madrid Mo.

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**, 1951, to **June**, 1951, that I last saw the deceased alive on **June 2**, 1951, and that death occurred at **8 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John M. D.	23b. ADDRESS Portageville Mo	23c. DATE SIGNED 4 June 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/4/51	24c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery	24d. LOCATION (City, town, or county) (State) Portageville Missouri
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DATE REC'D BY LOCAL REG 6-6-51	REGISTRAR'S SIGNATURE John M. D.	25. FUNERAL DIRECTOR'S SIGNATURE H. S. Smith	ADDRESS Funeral Home 808 Ward Caruthersville, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0780

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6-51-146

T. E. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

SUN 7 1951

JUN 12 1951

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.

Signed Robert H. McSwain

Signed.....
Student Embalmer

Licensed Embalmer No. 4732

P. O. Address Caruthersville

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.