No. 300
10.48

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17542

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 179

0804
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 E. St. Louis, St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 314 E. St. Louis 0

3. NAME OF DECEASED (Type or Print)
a. (First): Roma
b. (Middle): Richard
c. (Last): Marshall

4. DATE OF DEATH (Month) (Day) (Year): May 29, 1951

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 7, 1888
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: City Park
11. BIRTHPLACE (State or foreign country): Howard County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Marshall
13b. MOTHER'S MAIDEN NAME: Jane Thomas
14. NAME OF HUSBAND OR WIFE: Mrs. Eunice Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-07-7351
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Eunice Marshall — ADDRESS: Sedalia, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lues
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Anasarca
Chronic Interstitial Nephritis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 023X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1950 *to* May 29, 1951, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:30 p.m.; *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. R. Maddox M.D.
23b. ADDRESS: 116½ West Main
23c. DATE SIGNED: 6-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1, 1951
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia Mo.

DATE REC'D BY LOCAL REG.: June 2, 1951
REGISTRAR'S SIGNATURE: C. Campbell M.D. Boldie Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Sedalia Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-4-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-4-51

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 J. Price Alexander

Signed
Student Embalmer

Licensed Embalmer No. 4745

P. O. Address Sedalia 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.