

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 19 1951 STANDARD CERTIFICATE OF DEATH

State File No. 20528

BIRTH NO. 30153-51 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Weir 8150	
c. LENGTH OF STAY (in this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) R. R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) Janice Marshall			4. DATE OF DEATH (Month) (Day) (Year) 6-5-1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 6-4-1951	9. AGE (In years last birthday) 0	# UNDER 1 YEAR 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Robert K. Marshall	13b. MOTHER'S MAIDEN NAME Liana Joy Brooks	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Robert K. Marshall ADDRESS Weir, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 5 1/2 mo		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	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 776x	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 6/4, 1951, to 6/5, 1951, that I last saw the deceased alive on 6/4, 1951, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE W. K. Kerner M.D.	(Degree or title)	23b. ADDRESS Miner Bank Bldg Joplin Mo.	23c. DATE SIGNED 6/7/51
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE June 6 1951	24c. NAME OF CEMETERY OR CREMATOR Carl Junction Cem	24d. LOCATION (City, town, or county) (State) Carl Junction Mo.
DATE REC'D BY LOCAL REG. 6-12-51	REGISTRAR'S SIGNATURE James J. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Roy [Signature]	ADDRESS Carl Junction Mo.

No. 300
10.48

495
0

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

RECEIVED 6-18-51
Jasper County Health Office
County File Number 51/6/492
Date Filed 6-18-51

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 Jack E. Simpson

Signed.....
Student Embalmer

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.