

FILED AUG 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. **22732**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **695**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield) c. LENGTH OF STAY (in this place) 62 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1350 N. Marion Avenue		d. STREET ADDRESS (If rural, give location) 1350 N. Marion Avenue 0	
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) C. c. (Last) MARSH		4. DATE OF DEATH August 8, 1951 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 20 Jan. 1867
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Battlefield, Missouri U
12. CITIZEN OF WHAT COUNTRY? U.S.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dave Marsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Marsh, Springfield, Missouri.
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure and Embolic Encephalomalacia INTERVAL BETWEEN ONSET AND DEATH 48 hrs ANTECEDENT CAUSES Thrombotic myocardial infarction and Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) intracardiac thrombosis 4 wks DUE TO (c) arteriosclerosis Definite 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 4/201	
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 <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 July 13, 1951 , to Aug 7, 1951 , that I last saw the deceased alive on Aug. 7, 1951 , and that death occurred at 4:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE E. L. Williams (Degree or title) DO.		23b. ADDRESS Springfield 318 1/2 Colby St.	
23c. DATE SIGNED 10 Aug 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11 Aug 1951	
24c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery		24d. LOCATION (City, town, or county) (State) Greene County, Missouri.	
DATE REC'D BY LOCAL REG. 8/10/51		REGISTRAR'S SIGNATURE W. E. Handley	
25. FUNERAL DIRECTOR'S SIGNATURE Thad C. Phineas		ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph H. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.