

FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23477

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>1249</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		c. LENGTH OF STAY (In this place) <u>77 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hillsboro</u>		<u>0500</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u>			b. (Middle) _____	c. (Last) <u>MARSDEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1, 1873</u>	9. AGE (In years last birthday) <u>77</u>	UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hillsboro</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			
13a. FATHER'S NAME <u>L. E. Marsden</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Strickland</u>		14. NAME OF HUSBAND OR WIFE <u>Lynne Marsden</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lynne Marsden</u>		ADDRESS <u>Hillsboro, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombotic, cerebral, with left hemiplegia.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, cerebral.</u> DUE TO (c) <u>Generalized arteriosclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days.</u> <u>1 year.</u> <u>3 years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease 3 years.</u>									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>		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) <u>Hillsboro Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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>July 24, 1957, to July 28, 1957</u> , that I last saw the deceased alive on <u>July 25, 1957</u> , and that death occurred at <u>2:58 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>				23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>7-28-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillsboro</u>		24d. LOCATION (City, town, or county) (State) <u>Hillsboro Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-30-57</u>		REGISTRAR'S SIGNATURE <u>Jefferson Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietrich</u>		ADDRESS <u>Desoto Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1971.02.03

DATE RECEIVED 8-9-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

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 *Arnold B. ...*
4104

Licensed Embalmer No.

P. O. Address *Adato No.*

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.