

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27062**
3724

FILED SEP 14 1951

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson 0 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (to this place) 7 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bolivar 0841 | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ralph Sanitarium | | | | d. STREET ADDRESS (If rural, give location) 108 N. Main X 7 | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Byron | | b. (Middle) D. | | c. (Last) Marsh | |
| 4. DATE OF DEATH (Month) (Day) (Year) 8 31 51 | | 5. SEX M 0 | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH 2-4-06 | | 9. AGE (In years last birthday) 45 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 11. BIRTHPLACE (State or foreign country) Missouri 0 | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME R. W. Marsh | | 13b. MOTHER'S MAIDEN NAME Edna Darby | | 14. NAME OF HUSBAND OR WIFE Dixie Marsh | |
| 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. 309-28-7020 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. R.A. Marsh, Buffalo, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH H 7 21 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (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 8-23 , 1951, to 8-31 , 1951, that I last saw the deceased alive on 8-31 , 1951, and that death occurred at 6:25A m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Ralph Emerson Duncan Degree or title | | | | 23b. ADDRESS 909 Ayr St. Bolivar, Mo. | | 23c. DATE SIGNED 8/31/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8/31/51 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Buffalo, Mo. | |
| DATE REC'D BY LOCAL REG. 8-31-51 | | REGISTRAR'S SIGNATURE Deraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo. | | | |

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

SEP 22 1951

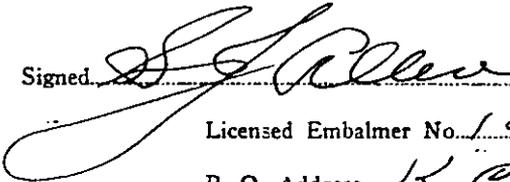
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 14155

P. O. Address K. C. 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.