

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30637**

No. 300  
10. 48

**FILED SEP 24 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **69**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>JEFFERSON</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HILLSBORO</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CENTRAL TOWNSHIP</b>                                    |  |
| c. LENGTH OF STAY (in this place) <b>LIFE</b>   |  | d. STREET ADDRESS (If rural, give location) <b>HILLSBORO Mo</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HILLSBORO Mo</b>                                   |  |   |  |

|  |   |
|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>THOMAS</b> b. (Middle) <b>T.A.</b> c. (Last) <b>MARSDEN</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUG. 30. 51</b> |
|--|---|

|                  |                            |  |                                      |   |                        |                       |                        |                       |
|------------------|----------------------------|--|--------------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX <b>M.</b> | 6. COLOR OR RACE <b>W.</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b> | 8. DATE OF BIRTH <b>MAY 25. 1876</b> | 9. AGE (In years last birthday) <b>75</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|------------------|----------------------------|--|--------------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABORER</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b> | 11. BIRTHPLACE (State or foreign country) <b>HILLSBORO Mo</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b> |
|--|--|---|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>G.E. MARSDEN</b> | 13b. MOTHER'S MAIDEN NAME <b>MARIE STRICKLAND</b> | 14. NAME OF HUSBAND OR WIFE <b>SINGLE</b> |
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|  |  |  |
|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>491-26-3377</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>JAMES MARSDEN</b> ADDRESS <b>HILLSBORO Mo</b> |
|--|--|--|

|   |  |             |                                  |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |             | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b>   |             |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Thrombosis</b><br>DUE TO (c) <b>Senile Infarctus</b> |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS*<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  | <b>4201</b> |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (m.) | 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 **June 21, 1951** to **Aug. 27, 1951**, that I last saw the deceased alive on **Aug. 29, 1951**, and that death occurred at **6:00 m.**, from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Thos. Stephens M.D.</b> (Degree or title) | 23b. ADDRESS <b>Hillsboro, Mo</b> | 23c. DATE SIGNED <b>8-31-51</b> |
|---|-----------------------------------|---------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> | 24b. DATE <b>SEPT. 2-51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO CEM.</b> | 24d. LOCATION (City, town, or county) (State) <b>HILLSBORO Mo</b> |
|---|-----------------------------|--|---|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>8-31-51</b> | REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b> ADDRESS <b>KIAMSWICK Mo</b> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten initials*

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
9-22-51  
DATE RECEIVED

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 Arthur W. Hurling

Licensed Embalmer No. 3872

P. O. Address \_\_\_\_\_

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.