

FILED NOV 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 40388

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> c. LENGTH OF STAY (in this place) <u>6 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>723 East Gladys Street</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce</u> d. STREET ADDRESS (If rural, give location) <u>No Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GARRET</u> b. (Middle) <u>W.</u> c. (Last) <u>MARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 11, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 31, 1877</u>	
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>7</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>		11. BIRTHPLACE (State or foreign country) <u>Oak Ridge, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Wm C. Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Francis A. Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Edna E. Marshall</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna E. Marshall</u> ADDRESS <u>Commerce, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease.</u>							
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 _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4200</u>			
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 <u>10-6</u> , 19 <u>50</u> , to <u>11-11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-11</u> , 19 <u>51</u> , and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Urban M.D.</u>				23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>11/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Commerce, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-16-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walther Funeral Home</u>		ADDRESS <u>Cape Girardeau, Mo.</u>	

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

RECEIVED NOV 19 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1151-244

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

Virgil K. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, Mo.

Signed.....
Student Embalmer

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.