S. No. 300
v. 10.48

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1996

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5722 Registrar's No. 4

610

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Morrow.
c. LENGTH OF STAY (In this place) Life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. Callao.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Morrow.
d. STREET ADDRESS (If rural, give location) R.F.D. Callao. 0610

3. NAME OF DECEASED (Type or Print)
a. (First) Delia b. (Middle) Harrison c. (Last) Marshall

4. DATE OF DEATH (Month) (Day) (Year) Jan 9, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.
8. DATE OF BIRTH Feb 11, 1870
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.
10b. KIND OF BUSINESS OR INDUSTRY Farmer.
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George T. Evans
13b. MOTHER'S MAIDEN NAME Martha Rice.
14. NAME OF HUSBAND OR WIFE [redacted] Dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT'S SIGNATURE OR NAME Carl Marshall ADDRESS Waterloo, Iowa

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 years
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* 1/8/, 1952, *that I last saw the deceased alive on* 1/8/52, 19__, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE A. L. Durden D.O. (Degree or Title)
23b. ADDRESS Macon
23c. DATE SIGNED 1/17/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 12, 1952
24c. NAME OF CEMETERY OR CREMATORY Hebron Cem.
24d. LOCATION (City, town, or county) (State) Caseyville, Mo.

DATE REC'D BY LOCAL REG. 1-21-52
REGISTRAR'S SIGNATURE Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE Stephens & Goodding ADDRESS Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1.29.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 1.62.24
Date Filed 2.1.52

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 Charles L. Hutton

Signed .....
Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon, 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.