

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4059

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>227</u>	
1. PLACE OF DEATH a. COUNTY <u>C Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wekath</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 mo 27 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayville 0320</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Everett</u> c. (Last) <u>Marshall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1952</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>May 27 1893</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Miller</u>			14. NAME OF HUSBAND OR WIFE <u>Elcie 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elcie E. Marshall Mayville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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>Jan 1</u> , 1952, to <u>Feb 24</u> , 1952, that I last saw the deceased alive on <u>Feb 24</u> , 1952, and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph Thomas M.D.</u>				23b. ADDRESS <u>St Joseph Mo 9 State Hospital</u>		23c. DATE SIGNED <u>2/25 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Fairport, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> ⁴⁴⁶		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Bevan Mayville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

EMERALD

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

John Beom

Licensed Embalmer No. 3933

P. O. Address Waysville, Pa

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.