

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7710

State File No.

FILED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Linn Twp		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Linn Twp	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1 Mi. N. W. of Wagner, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) OPAL	b. (Middle) FOREST	c. (Last) MARSHALL	4. DATE OF DEATH (Month) (Day) (Year) Mar. 14, 1952
-------------------------------------	-----------------	--------------------	--------------------	--------------------------------------------------------

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1907	9. AGE (In years last birthday) 44	# UNDER 1 YEAR 5	# UNDER 24 HRS. 13
-------------	------------------------	-------------------------------------------------------------------	----------------------------------	---------------------------------------	---------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm laborer	11. BIRTHPLACE (State or foreign country) Cedar County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--------------------------------------------------------------------------------------------------	---------------------------------------------------	---------------------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME William Marshall	13b. MOTHER'S MAIDEN NAME Elizabeth Williams	14. NAME OF HUSBAND OR WIFE FAYE Marshall
----------------------------------------	-------------------------------------------------	----------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Faye Marshall, Stadton, Mo	ADDRESS Stadton, Mo
-------------------------------------------------------------------------------------------------------------------	---------------------------------	----------------------------------------------------------------------	------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis of hrs</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201	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 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 _____, 19____, to 3-15, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B. Blister MD</u> (Degree or title)	23b. ADDRESS <u>Stadton Mo</u>	23c. DATE SIGNED <u>3-17-52</u>
-------------------------------------------------------------	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>3-16-52</u>	24c. NAME OF CEMETERY <u>Cedar Bluff</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>
-----------------------------------------------------	-----------------------------	---------------------------------------------	--------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u> 54-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	ADDRESS <u>Stadton, Mo</u>
--------------------------------------------	------------------------------------------------------	------------------------------------------------------------	-------------------------------

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

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 A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stockton, 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.