

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15476

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>Mo</u> b. COUNTY <u>Letcher</u>	
b. CITY OR TOWN <u>Kirkville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glennwood</u> 0980	
c. LENGTH OF STAY (in this place) <u>12 hours</u>		d. STREET ADDRESS (If rural, give location) <u>B.R.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brim-Smith Memorial</u>			

3. NAME OF DECEASED (Type or Print) <u>William Preslieb Marshall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1952</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>
8. DATE OF BIRTH <u>6/24/85</u>	9. AGE (In years last birthday) <u>66</u>	10. 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>NY.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward Burton Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Pare Sickles</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Marshall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Marshall</u> ADDRESS <u>Glennwood, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>		DUE TO (b) <u>Hypertensive sclerosis</u>		<u>72 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		Years? <u>Years?</u>	
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 <u>334X</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 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 6/3, 1952, to 6/3, 1952, that I last saw the deceased alive on 6/3, 1952, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J.P. King M.D.</u> (Design or title)		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>6/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 6, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glennwood 2007</u>	
24d. LOCATION (City, town, or county) (State) <u>Glennwood, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucretia Head</u>		ADDRESS <u>Concepcion, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-5-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			

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

2021 OCT 11 AM

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

Lucas B. Nead

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, 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.