

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17184

FILED MAY 19 1952

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <i>one Donald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>one Donald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Penderbilt, township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Anderson Twp.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 mi. E. of Logan</i>		d. STREET ADDRESS (If rural, give location) <i>3 mi. N.E. of Anderson</i> 0600	
3. NAME OF DECEASED (Type or Print) <i>JOSEPH MARION</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-12-1952</i>	
5. SEX <i>♂</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>7-5-1886</i>	
9. AGE (In years last birthday) <i>65</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>7</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farm</i>	
11. BIRTHPLACE (State or foreign country) <i>Taney Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Louis Eslick</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Silas Eslick Anderson</i>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. 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 checked="" 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) <i>331X</i>	
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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:15 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>D. W. Humphrey</i> (Degree or title)		23b. ADDRESS <i>Lincolville, Mo.</i>	
23c. DATE SIGNED <i>5-15-52</i>		24. BURLIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>5-14-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lincolville cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Lincolville Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John J. Anderson</i> ADDRESS <i>112. Chatham</i>	
DATE REC'D BY LOCAL REG. <i>5-15-52</i>		REGISTRAR'S SIGNATURE <i>423-D</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓ .....  
Student Embalmer

Signed A.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.