

U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21356

State File No.

JUN 17 1952

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 18

0750
1

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> | | c. LENGTH OF STAY (In this place) _____ | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thayer</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> <u>1750</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>Thayer, Mo.</u> | |

| | | | | | |
|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) <u>Melissa</u> c. (Last) <u>Marshall</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>9</u> <u>1952</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>9-22-1904</u> | 9. AGE (In years last birthday) <u>47</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | | | | |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Marion F. Rolan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha E. Gregory</u> | | 14. NAME OF HUSBAND OR WIFE <u>W.C. Marshall</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Marshall</u> ADDRESS <u>Thayer 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor</u> | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | ANTECEDENT CAUSES Morbid 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 _____ | 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 April 13, 1952, to May 9, 1952, that I last saw the deceased alive on May 9, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

| | | |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Dr. Cooper</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Thayer Mo.</u> | 23c. DATE SIGNED <u>6-14-52</u> |
|--|--------------------------------|---------------------------------|

| | | | |
|---|----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-14-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Thayer</u> | 24d. LOCATION (City, town, or county) (State) <u>Thayer, Mo.</u> |
|---|----------------------------|--|--|

| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. <u>June 14, 1952</u> | REGISTRAR'S SIGNATURE <u>Arthur Wolf</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Island Carter</u> ADDRESS <u>Thayer Mo.</u> |
|---|--|---|

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 Richard Carter

Licensed Embalmer No. 4516

P. O. Address Thurston

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.