

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27608**

FILED SEP 9 - 1952

S. No. 300
V. 10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>106</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett 0350</u>		d. STREET ADDRESS (If rural, give location) <u>R-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prigull Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 28-52</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles W. Marshall</u>		b. (Middle)		c. (Last)		9. AGE (In years last birthday) <u>80</u> if under 1 YEAR Months <u>5</u> Days <u>22</u> if under 12 Mths. Hours <u>1</u> Min.	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 6-1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Martin V. Marshall</u>			
13b. MOTHER'S MAIDEN NAME <u>Kettie Leander</u>				13c. NAME OF HUSBAND OR WIFE <u>Eva B. Marshall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie E. Marshall Kennett Mo</u> ADDRESS			
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>Carcinoma of Esophagus</u>		DUE TO (b) <u>Metastasis from carcinoma of colon</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) <u>of colon</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>153X</u>				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)			
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 <u>8-26</u> , 19 <u>52</u> , to <u>8-28</u> , 1952, that I last saw the deceased alive on <u>8-28</u> , 1952, and that death occurred at <u>11:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. E. Wilson M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>8-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-29-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. Hubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>LeRoy Lunsford Smith</u> ADDRESS <u>Kennett, Mo.</u>			

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-29-52

COUNTY FILE NUMBER .. 852-242

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 Edgar Bee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.