

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27658

State File No. \_\_\_\_\_

SEP 3- 1952

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>41</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>FRANKLIN</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSP</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		b. COUNTY <u>FRANKLIN</u>		e. STATE <u>MO</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>JONATHAN</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>MARSH</u>		6. COLOR OR RACE <u>MALE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
<u>NEVER MARRIED</u>		<u>JAN 14, 1977</u>		<u>75</u>		<u>DD Jobs</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
<u>0</u>		<u>MARION COUNTY MO</u>		<u>U.S.A</u>		<u>WILLIAM MARSH</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
<u>UNKNOWN</u>		<u>0</u>		<u>NO</u>		<u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME				17. ADDRESS			
<u>SOCIAL WELFARE RECORD</u>				<u>026</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				<u>30 minutes</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				II. OTHER SIGNIFICANT CONDITIONS	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Laceration scalp</u>	
		DUE TO (c)				DUE TO (c) <u>Fracture Rt. femur 10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY	
<u>026</u>		<u>026</u>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan, MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug 18, 1952 10:00 pm</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hit by automobile</u>				22. I hereby certify that I attended the deceased from <u>Aug 18, 1952</u> , to <u>Aug 28, 1952</u> , that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>6:30 pm</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John Odell Tare</u>		23b. ADDRESS <u>Sullivan, Mo</u>		23c. DATE SIGNED <u>8/28/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8/30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. CEMETERY SULLIVAN</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. <u>8-28-52</u>		REGISTRAR'S SIGNATURE <u>Ch. Carter 97</u>		ADDRESS <u>H. W. Eaton Sullivan, Mo.</u>			

(Licensed Embellisher's Statement on Reverse Side)

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 Edgar W. Laffoon  
Licensed Embalmer No. 3394  
P. O. Address Sullivan 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.