

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34626**

FILED NOV 1 1952

S. No. 300
V. 10.48

BIRTH NO. _____ REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **5416** Registrar's No. _____

350
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution, give place before admission). a. STATE MO b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Buffalo c. CITY (If outside corporate limits, write RURAL and give township) Cardwell		d. FULL NAME OF HOSPITAL OR INSTITUTION	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (First) Ray (Middle) Marsh (Last) _____			4. DATE OF DEATH (Month) 10 (Day) 19 (Year) 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 2, 1910	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 5 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Cafe		11. BIRTHPLACE (State or foreign country) Mo.	
13a. FATHER'S NAME Levi Marsh		13b. MOTHER'S MAIDEN NAME Edith Lane		14. NAME OF HUSBAND OR WIFE Mildred CRAIG	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mildred Marsh-Cardwell ADDRESS Cardwell	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Injuries		INTERVAL BETWEEN ONSET AND DEATH
	ANCECEDENT CAUSES Curshed Chest on left		
	II. OTHER SIGNIFICANT CONDITIONS Side Head Wounds		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Hiway 25	21c. (CITY, TOWN OR TOWNSHIP) Buffalo-Dunklin (COUNTY) _____ (STATE) MO
21d. TIME OF INJURY (Month) 10 (Day) 19 (Year) 52 (Hour) 2A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW AND INJURY OCCURRED _____

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 **2A** m., from the causes and on the date stated above.

23a. SIGNATURE Walter A. Haward, Coroner (Degree or title) 3	23b. ADDRESS Cardwell, MO	23c. DATE SIGNED 10-19-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-52	24c. NAME OF CEMETERY OR CREMATORY Cardwell
24d. LOCATION (City, town, or county) Cardwell, MO (State) _____		

DATE REC'D BY LOCAL REG. 10/19/52	REGISTRAR'S SIGNATURE Dubert E. Baird #72	25. FUNERAL DIRECTOR'S SIGNATURE Howard Cardwell ADDRESS _____
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-28-52

COUNTY FILE NUMBER 1052-299

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Cardwell, MD

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.