

FILED NOV 15 1952

STANDARD CERTIFICATE OF DEATH

6032

36040

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

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 4450

Registrar's No. 332

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 332		
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley				
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Doniphan		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural - Doniphan		0910		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Doniphan, Mo. R.F.D. #1				d. STREET ADDRESS (If rural, give location) Doniphan, Mo. R.F.D. #1				
3. NAME OF DECEASED (Type or Print) a. (First) Mattie			b. (Middle) L.		c. (Last) Marsden		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 30, 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME L. A. Harper			13b. MOTHER'S MAIDEN NAME Mollie Donaldson		14. NAME OF HUSBAND OR WIFE Walter Marsden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Marsden Doniphan, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Atherosclerosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 month  6 years  6 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  4201					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)		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 Nov 1951, to October 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Frank Johnson M.D.				23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 10/31/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 31, 1952		24c. NAME OF CEMETERY OR CREMATORY Doniphan, Cemetery		24d. LOCATION (City, town, or county) (State) Doniphan, Mo.		
DATE REC'D BY LOCAL REG. 11-4-52		REGISTRAR'S SIGNATURE O.D. Johnston 277		25. FUNERAL DIRECTOR'S SIGNATURE Mary M. Edwards		ADDRESS Doniphan, Mo.		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George A. Kerby

Licensed Embalmer No. 4752

P. O. Address DeniPhan, 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.