

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. FILED DEC 24 1952

BIRTH, MO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Noel</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Pearlie</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Marshall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-26-1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>12-12-1883</b>	9. AGE (In years last birthday) <b>69</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Noel, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John A. Marshall</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Peck</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Brother-Leonard M. Alexander</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphatic Leukemia, Ch</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
	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 checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-22, 1952, to 11-26, 1952, that I last saw the deceased alive on 11-26, 1952, and that death occurred at 3 6 m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harold C. Hunt</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Neosho Mo.</b>	23c. DATE SIGNED <b>11-6-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-30-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rockstone Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Noel, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-13-52</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Pratt</b>	ADDRESS <b>Siloam Springs, Ark.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

732

**RECEIVED**

District Registration No. \_\_\_\_\_

District \_\_\_\_\_

Date Filed 12/22/52

NEWTON COUNTY HEALTH UNIT

1252-287

NEOSHO, MISSOURI

**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 EVP Math

Licensed Embalmer No. 3211

P. O. Address \_\_\_\_\_

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.