

STANDARD CERTIFICATE OF DEATH

State File No. **530**

FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. 50		PRIMARY REG. DIST. NO. 5176		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Anglaize Twp		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Anglaize Twp		0150	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION About 4 mi East of Stoutland, Mo				d. STREET ADDRESS (If rural, give location) Near Stoutland Mo			
3. NAME OF DECEASED (Type or Print) ELLA		a. (First)		b. (Middle) JANE		c. (Last) MARSHALL	
4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Sept 15-1878		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Camden County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram Monday		13b. MOTHER'S MAIDEN NAME Elsie Rogers		14. NAME OF HUSBAND OR WIFE Amos Marshall			
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 Elsie Koch 4967 Delore St - St Louis 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) Hypostatic Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio sclerotic Heart Disease					
		DUE TO (c) Generalized Arterio sclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Obesity					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 15 Jan 1953 , to 30 Jan 1953 , that I last saw the deceased alive on 30 Jan 1953 , and that death occurred at 1130 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas P. W. Gentry, M.D.				23b. ADDRESS Richland, Mo.		23c. DATE SIGNED 3 Feb 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-1953		24c. NAME OF CEMETERY OR CREMATORY Stoutland cemetery		24d. LOCATION (City, town, or county) (State) Stoutland Mo	
DATE REC'D BY LOCAL REG. Feb. 6-1953		REGISTRAR'S SIGNATURE Zilpha Jraw		420 FUNDRAISER'S SIGNATURE David Evans		ADDRESS Stoutland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0150
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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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Me.

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.