

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 826

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 53-14

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield Mo.</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Presley</u> b. (Middle) <u>Patterson</u> c. (Last) <u>Marsh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 1, 1872</u>	9. AGE (in years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dade co mo</u> <u>U</u>	

13a. FATHER'S NAME <u>Benjamin Marsh</u>		13b. MOTHER'S MAIDEN NAME <u>Perminia Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Rada Marsh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rada Marsh So. Greenfield Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy of prostate gland with metastases</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>1 yr</u>	
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"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>177X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-3-, 1953, to 1-25, 1953, that I last saw the deceased alive on 1-24-, 1953, and that death occurred at 8:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Conber</u> (Degree or title)		23b. ADDRESS <u>Lockwood Mo</u>		23c. DATE SIGNED <u>1-25-53</u>	
---------------------------------------------------------	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>	
------------------------------------------------------------	--	-------------------------------	--	--------------------------------------------------------	--	--------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>J. C. Conard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. R. Allison Greenfield Mo.</u>	
--------------------------------------------	--	----------------------------------------------	--	---------------------------------------------------------------------------------	--

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 W. R. Allison.....

Licensed Embalmer No. 4404.....

P. O. Address. Greenfield, Ms

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.