0.300
0.48

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4435

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 6

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place): 8 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Invalid Home 559 So. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0972
d. STREET ADDRESS (If rural, give location): 559 South Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Ellenor
c. (Last): Gibson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 13-1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3, Days 21 — 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): Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Crouch
13b. MOTHER'S MAIDEN NAME: Mary Ann Seach
14. NAME OF HUSBAND OR WIFE: --------

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Amabel Reed-Marshall, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Complications of age
DUE TO (c): No specific disease or pathology.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 794X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1950, *to* 1-4, 1952, *that I last saw the deceased alive on* 1-4, 1952, *and that death occurred at* 2.30 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Warren DO
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 1-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/6/53
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park
24d. LOCATION (City, town, or county) (State): Marshall Mo.

DATE REC'D BY LOCAL REG.: 1-6-1953
REGISTRAR'S SIGNATURE: Sidney T. Gray 3850
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Leslie Swinney - Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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 J. Leslie Surrusy

Licensed Embalmer No. 323

P. O. Address Marshall, Ta

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.