

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 3021	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton 0402		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullers Hospital		d. STREET ADDRESS (If rural, give location) 1607 Main 0		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Marsden		4. DATE OF DEATH (Month) (Day) (Year) Mar. 2, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 4-29-1861	9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not employed		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) England (British Isles)	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Marsden		13b. MOTHER'S MAIDEN NAME Hannah Camamile	14. NAME OF HUSBAND OR WIFE None	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Albert Marsden, Los Angeles, Ca	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of left femur at hip joint</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>89040 21</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bed sores & secondary infection</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec 20-52</u> <u>March 2-53</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>140</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Trenton Grundy Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 19-1952 10 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped on rug at home</u>
22. I hereby certify that I attended the deceased from <u>Dec 20, 1952</u> , to <u>March 2, 1953</u> , that I last saw the deceased alive on <u>March 1, 1953</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. Cullers</u> (Degree or title) <u>ms</u>		23b. ADDRESS <u>Trenton, Missouri</u>		23c. DATE SIGNED <u>3-4-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oddfellows Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-4-53</u>		REGISTRAR'S SIGNATURE <u>Irene Jan 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gipson-Oyler Trenton, Mo.</u>

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

Maurice Oylor

Licensed Embalmer No. *4442*

P. O. Address *Trenton, 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.