

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27471**

No. 300
10.48

FILED AUG 4 - 1953

BIRTH NO. _____ REG. DIST. NO. **852** PRIMARY REG. DIST. NO. **4178** Registrar's No. **04**

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

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) Hallerstein		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) Hallerstein		d. STREET ADDRESS (If rural, give location) 1069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) Chie b. (Middle) Mary c. (Last) MARSAHAK			4. DATE OF DEATH (Month) (Day) (Year) 7-30-53		
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH 4-29-1882		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY Home maker		11. BIRTHPLACE (State or foreign country) Pauling Co. Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ben Plank		13b. MOTHER'S MAIDEN NAME Jeretta Plank	
14. NAME OF HUSBAND OR WIFE Clyde E. Marshall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Clyde E. Marshall		17. ADDRESS Hallerstein		17. ADDRESS no	

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) Sarcoma - general metastases		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6/30, 1953** to **7/30, 1953** that I last saw the deceased alive on **7/30, 1953**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harry T. Evans M.D.		23b. ADDRESS 0 Brauer Mo.		23c. DATE SIGNED 7/30/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-53		24c. NAME OF CEMETERY OR CREMATORY Old Brauer	
24d. LOCATION (City, town, or county) (State) Brauer Mo.		25. FUNERAL DIRECTOR'S SIGNATURE R. O. Whelchel		25. ADDRESS Brauer Mo.	
DATE REC'D BY LOCAL REG. 8-1-53		REGISTRAR'S SIGNATURE J. E. Cogswell		376-	

JAN 29 1958
APR 7 1958

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 _____

Minnie S. Whelshel

Licensed Embalmer No. _____

2277

P. O. Address _____

Branson, 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.