

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

28261

State File No. ....

FILED AUG 17 1953

BIRTH NO. .... REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 95-

|  |                               |   |                                      |
|--|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Gentry</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>  |                                      |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Athens Rural</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Athens Rural</u> <u>0380</u>  |                                      |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. E. Albany, Mo.</u>   |                               | d. STREET ADDRESS (If rural, give location) <u>S. E. of Albany, Mo.</u>   |                                      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Delphaa</u>   |                               | b. (Middle) <u>Permelia</u>   |                                      |
|  |                               | c. (Last) <u>Marsh</u>  |                                      |
|  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 10, 1953</u>  |                                      |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>Oct. 7, 1883</u> |
|  |                               | 9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>69</u> <u>10</u> <u>3</u>   |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |                                      |
|  |                               | 11. BIRTHPLACE (State or foreign country) <u>Gentry County, Mo.</u>   |                                      |
|  |                               | 12. CITIZENRY OF WHAT COUNTRY? <u>U. S.</u>   |                                      |
| 13a. FATHER'S NAME <u>Lewis French</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Nancy Teel</u>   |                                      |
|  |                               | 14. NAME OF HUSBAND OR WIFE <u>John Marsh</u>   |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO.   |                                      |
|  |                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Marsh, Albany, Mo.</u>  |                                      |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterial hypertension</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                      |
|  |                               | INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u><br><u>15 years</u>  |                                      |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION  |                                      |
|  |                               | <u>331X</u>   |                                      |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                               |   |                                      |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                      |
|  |                               | <u>Albany, Gentry, Mo.</u>  |                                      |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |                               |   |                                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                               | 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 <u>8-9</u> , 19 <u>53</u> , to <u>5-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>52</u> , and that death occurred at <u>5:15A.m.</u> , from the causes and on the date stated above. |                               |   |                                      |
| 23a. SIGNATURE (Degree or title) <u>Frank H. Rose M.D.</u>   |                               | 23b. ADDRESS <u>Albany, Mo.</u>   |                                      |
|  |                               | 23c. DATE SIGNED <u>8-10-53</u>   |                                      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>Aug. 13, 1953</u>  |                                      |
|  |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cem.</u>   |                                      |
|  |                               | 24d. LOCATION (City, town, or county) (State) <u>Union Star, Missouri</u>   |                                      |
| DATE REC'D BY LOCAL REG. <u>Aug 11-53</u>  |                               | REGISTRAR'S SIGNATURE <u>Maudie Williams</u>  |                                      |
|  |                               | FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albany Mo</u>  |                                      |

(Licensed Embalmer's Statement on Reverse Side)

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

embalmed by me  
immediately thereafter

**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 me

Student Embalmer No. ....

working under my personal supervision:

Student .....  
Student Embalmer

Signed

-9-8-

Licensed Embalmer No.

P. O. Address

(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.