

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34496

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2716

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u> | |
| c. LENGTH OF STAY (in this place) <u>5 1/2 mo</u> | | d. STREET ADDRESS (If rural, give location) <u>Kennel Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2307 Burns</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> | | b. (Middle) <u>ALFARD</u> | | c. (Last) <u>MARSHALL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-53</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>OCT 6 1868</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10. UNDER 1 YEAR (Months) (Days) _____ | | 11. UNDER 1 MIN. (Hours) (Min.) _____ | | 9. AGE (In years last birthday) <u>84</u> | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED-FARMING</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MIDDLE TOWN MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>WILLIAM B MARSHALL</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH RIDGEMAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</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>ELIZABETH KASSLER 2307 BURNS</u> | |

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| 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>Coronary Occlusion</u> | | DUE TO (b) <u>Arteriosclerosis</u> | | 1 day | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) <u>Senile conditions</u> | | years | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | |

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| 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) <u>4201</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 July 2, 1953, to Aug 28, 1953, that I last saw the deceased alive on Aug 27, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Roy G. Hatcher S.O. M.D.</u> | | 23b. ADDRESS <u>Overland 14 Mo</u> | | 23c. DATE SIGNED <u>8-28-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>8-31-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH'S CEMETERY WELLSVILLE MISSOURI</u> | |
| 24d. LOCATION (City, town, or county) (State) _____ | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>8/29/53</u> | | REGISTRAR'S SIGNATURE <u>Harold J. ... M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.B. Wells Wellsville Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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 *F. B. Wells*

Licensed Embalmer No. *1088*

P. O. Address *Hellville, 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.