S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38795

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1071-A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So Greenfield Mo 0290
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): a. (First) Rada b. (Middle) c. (Last) Marsh

4. DATE OF DEATH (Month) (Day) (Year): Nov. 28 1953

5. SEX: F 1

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Feb 9, 1870

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: house wife

11. BIRTHPLACE (City and State or Foreign Country): Dade co Mo

12. CITIZEN OF WHAT COUNTRY? usa

13a. FATHER'S NAME: Issac B Stapp

13b. MOTHER'S MAIDEN NAME: Cordilia Stapp

14. NAME OF HUSBAND OR WIFE: Presley P Marsh

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: Mrs Ruth Marsh ADDRESS: Golden City Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coma — INTERVAL BETWEEN ONSET AND DEATH: 18 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 20 yrs
DUE TO (c)

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 260 X

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* 11-27, 1953 *to* 11-28, 1953, *that I last saw the deceased alive on* 11-28, 1953, *and that death occurred at* 12:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Gentry M.D. (Degree or title):
23b. ADDRESS: Medicus Bldg Springfield Mo
23c. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 30.1953
24c. NAME OF CEMETERY OR CREMATORY: Pennsboro
24d. LOCATION (City, town, or county) (State): Dade Co Mo. (1953)

DATE REC'D BY LOCAL REG.: 12-8-53
REGISTRAR'S SIGNATURE: Faith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: W.R. Allison Greenfield 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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.