No. 300
10.46

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

FILED DEC 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39801

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn 0720
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3 1953

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7 1903
9. AGE (In years last birthday): 50 — If under 1 year: Months 7, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ebeny, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ruben Marsh
13b. MOTHER'S MAIDEN NAME: Minnie McDowell
14. NAME OF HUSBAND OR WIFE: Mildred 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.:
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mildred Marsh-Lilbourn, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* 9-1, 1953, *to* 12-3, 1953, *that I last saw the deceased alive on* 12-3, 1953, *and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Claud H. Chastain MD
23b. ADDRESS: Lilbourn, Mo.
23c. DATE SIGNED: 12-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-6-53
24c. NAME OF CEMETERY OR CREMATORY: Simmons Burial Park
24d. LOCATION (City, town, or county) (State): Catron, Mo.

DATE REC'D BY LOCAL REG.: 12-7-53
REGISTRAR'S SIGNATURE: H. L. Ponder Deputy 218
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ponder Funeral Home-Lilbourn, 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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.