

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7655

FILED APR 6 1954

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>55-</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Centralia</u>		0100 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Hall Hotel</u>				
3. NAME OF DECEASED a. (First) <u>Mary</u> (Type or Print)		b. (Middle) <u>Della</u>		c. (Last) <u>Marshall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/31/1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10-27-1893</u>		
9. AGE (in years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Issac Chisum</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Ketchum</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Jennie Sammons - Centralia, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>  <u>15 yrs.</u>  <u>5 mos.</u>	
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>Centralia, Boone, Mo.</u>		21d. HOW DID INJURY OCCUR? <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? <u>4201</u>				
22. I hereby certify that I attended the deceased from <u>Feb. 15, 1954</u> , to <u>March 21, 1954</u> , that I last saw the deceased alive on <u>March 30, 1954</u> , and that death occurred at <u>2:50 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. W. Lindberg, M.D.</u>				23b. ADDRESS <u>Centralia, Missouri</u>		23c. DATE SIGNED <u>3-31-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nickory Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo. P.O. #1</u>		
DATE REC'D BY LOCAL REG. <u>3/31/1954</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Paul D. Bassett, Centralia, Mo.</u>				

(If used 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 *Paul J. Ballou*

Licensed Embalmer No. *4206*

P. O. Address *Centerville, N.*

**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.