

FILED JUN 21 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **18021**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **603**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Lifetime</b>		e. STREET ADDRESS (If rural, give location) <b>503 N. 5th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>FRANCES MARSTELLA</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 10 1954</b>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>November 12, 1866</b>		<b>9. AGE</b> (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Joseph, Missouri.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Ira T. Goodwin</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Louise Borchers</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Eli W. Marstella</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If in service of U. S. Armed Forces, give branch and service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Trus Davis Sr. St. Joseph, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arteriosclerosis Cerebral</b>			_____
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Diabetes Mellitus</b>			_____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <b>Amplify -</b>			_____

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>260X</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

**22. I hereby certify that I attended the deceased from** 3/2, 1954, to 6/10, 1954, that I last saw the deceased alive on 6/10, 1954, and that death occurred at 9:40A m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Francis M. O'Connell</i>		<b>23b. ADDRESS</b> <b>670 Francis St. St. Joseph, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>6/12/54</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>June 12, 1954</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>June 16, 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Evelyn M. Allison</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <i>Meierhoffer &amp; Cleman</i> <b>St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 .....<sup>\*\*\*</sup>.....<sup>\*\*\*</sup>....., Student Embalmer No. ....<sup>\*\*\*\*</sup>..... working under my personal supervision..

Student.....<sup>\*\*\*</sup>.....<sup>\*\*\*\*</sup>.....  
Signature of Student Embalmer

Signed *Raymond A. Shore*.....  
Licensed Embalmer No. 4413 M

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.