

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22728
708

BIRTH NO. 5203954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 708

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>2 da</u>		d. STREET ADDRESS (If rural, give location) <u>2823 N. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Dale</u>	c. (Last) <u>Marsh</u>	(Month) <u>7-19-</u>	(Day) <u>1954</u>	(Year)
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>July 17- 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>---</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/>
					12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Chas. Marsh</u>			13b. MOTHER'S MAIDEN NAME <u>Dovie Taylor</u>		14. NAME OF HUSBAND OR WIFE
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>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Marsh, Springfield, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					

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>Cerebral Hemorrhage</u>			<u>2 days</u>	
ANTECEDENT CAUSES		<u>Anoxia + atelectasis</u>				
Morbidity 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.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		<u>7600</u>				
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)	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 <u>July 17, 1954</u> to <u>July 19, 1954</u> that I last saw the deceased alive on <u>July 17, 1954</u> and that death occurred at <u>9:10 AM</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED		
<u>David H. Hall, M.D.</u>		<u>1951 South National</u>		<u>7/21/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		
<u>Burial</u>	<u>7-20-1954</u>	<u>Eastlawn Cem</u>		<u>Springfield, Mo.</u>		
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>7-21-54</u>	<u>Edith Williams</u>		<u>Gorman-Scharof-Springfield, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed L. Edwin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.