

FILED AUG 4 - 1954

STANDARD CERTIFICATE OF DEATH

24188

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty		c. LENGTH OF STAY (in this place) 7 1/2 yrs.	c. CITY OR TOWN Knob Lick		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Knob Lick R.F.D. #1			e. STREET ADDRESS (If rural, give location) R F D # 1		
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) T. c. (Last) Marshall			4. DATE OF DEATH (Month) (Day) (Year) July 22 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 19, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6
IF UNDER 12 HRS. Days 3	IF UNDER 1 HRS. Hours 3	IF UNDER 15 MIN. Min. 3	11. BIRTHPLACE (City and State or Foreign Country) St. Francois County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME John Edward Marshall		13b. MOTHER'S MAIDEN NAME Lucinda Davis		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) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Elsie Marshall ADDRESS Knob Lick, Mo., R # 1		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized arteriosclerosis				
	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 4-22-1				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)			
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>6-25</u> , 19 <u>54</u> , to <u>7-22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>54</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. E. Carleton M.D.			23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 7-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/54	24c. NAME OF CEMETERY OR CREMATORY K of P Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Missouri		
DATE REC'D BY LOCAL REG. JULY 23, 1954	REGISTRAR'S SIGNATURE E. R. Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home Farmington, Missouri.		

(Licensed Emballer'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 _____
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.