

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31095

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Warrensburg</u>	c. LENGTH OF STAY (In this place) <u>86yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ross Nursing Home, 508 King St.</u>		d. STREET ADDRESS (If rural, give location) <u>508, King St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Marshall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1954.</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>26, June, 1868</u>	9. AGE (In years, last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>William Marshall</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Virginia Marshall</u>
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.E. Ross</u> ADDRESS <u>Warrensburg, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Myocarditis) Heart Block</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>and hypertension</u>		<u>1 yr</u>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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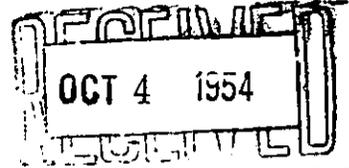
22. I hereby certify that I attended the deceased from July, 1954, to Sept 26, 1954, that I last saw the deceased alive on 9-30, 1954, and that death occurred at 6 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)	23b. ADDRESS <u>Warrensburg Mo.</u>	23c. DATE SIGNED <u>9/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>29, Sept. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cornelia</u>	24d. LOCATION (City, town, or county) (State) <u>Cornelia, MO.</u>
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DATE REC'D BY LOCAL REG <u>Sept. 29, 1954</u>	REGISTRAR'S SIGNATURE <u>Lavannah C. Whitefield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed P. Q. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.