

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. ASHLEY 878
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>40</u>								
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>DALLAS</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>LOUISBURG</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>0300,</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>WILLIAM</u>			b. (Middle) <u>ERNEST</u>			c. (Last) <u>MARSH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 12 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 15 1878</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER & BLACKSMITH</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISBURG, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>SOLOMAN MARSH</u>				13b. MOTHER'S MAIDEN NAME <u>SARAH ARNOLD</u>				14. NAME OF HUSBAND OR WIFE <u>OLLIE MARSH</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. OLLIE MARSH LOUISBURG, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cancer of Stomach with metastasis to scalp.</u> ANTECEDENT CAUSES Morbid 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. <u>Secondary anemia</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>										20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>1-9</u> , 19 <u>55</u> , to <u>1-12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-12</u> , 19 <u>55</u> , and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Dr. Ashley M.D.</u>				23b. ADDRESS <u>Springfield Mo.</u>				23c. DATE SIGNED <u>1-12-55</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LOUISBURG</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISBURG, MO.</u>								
DATE REC'D BY LOCAL REG. <u>1-13-55</u>		REGISTRAR'S SIGNATURE <u>Carroll Williamson</u>				25. EMBALMER'S SIGNATURE <u>Ray W. E. H.</u>				ADDRESS <u>SPRINGFIELD, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 7 1956

JUL 6 1956

JAN 28 1956

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..... *H. Z. Mc Carr*

Licensed Embalmer No. *272*

P. O. Address..... *Springfield*

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.