

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

968

State File No.

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5494 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Madison</u>	c. LENGTH OF STAY (In this place) <u>7 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u> <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 m - E Ridgeway Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> b. (Middle) <u>Arminda</u> c. (Last) <u>Marquell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 1 - 55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 12 - 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>	IF UNDER 2 WEEKS Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Samson Rittman</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca E. Stone</u>		14. NAME OF HUSBAND OR WIFE <u>William S. Marshall Decond</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Perlee Ridinger</u> ADDRESS <u>Ridgeway 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>f301</u>	20. AUTOPSY? YES <input 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) m.	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 Dec 15, 1954 to just 1 day, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Sellers M.D.</u>	23b. ADDRESS <u>Mt. Moriah Mo</u>	23c. DATE SIGNED <u>1-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gen's Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1/2 S 2 E Ridgeway Mo</u>
DATE REC'D BY LOCAL REG. <u>1-16-1955</u>	REGISTRAR'S SIGNATURE <u>S. Ph. Shaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert P. Rogers</u> ADDRESS <u>Ridgeway Mo</u>	

(Licensed Embalmer'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 me,

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Robert P. Bayers

Licensed Embalmer No. 3186

P. O. Address Ridgeway moor

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.