FILED MAR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12026

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1404 Osage St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐
e. STREET ADDRESS (If rural, give location): 1404 Osage St. 1003

3. NAME OF DECEASED (Type or Print)
a. (First): Tommie
b. (Middle): —
c. (Last): Marsh

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1956

5. SEX: Male 2
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 31, 1895
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 11, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and State or Foreign Country): Marvell, Ark. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Hayti Marsh
13b. MOTHER'S MAIDEN NAME: Lilah Hoard
14. NAME OF HUSBAND OR WIFE: Unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S SIGNATURE OR NAME: Geoffrey Marsh, ADDRESS: 1404 Osage, Sikeston, Mo.

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) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 4-6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Cardiac Stature — 7 yrs.
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: 416X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/6/, 1956, *to* 3/8/, 1956, *that I last saw the deceased alive on* 3/8/, 1956, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John L. Sample (Degree or title) M.D.
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 3/11/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11, 1956
24c. NAME OF CEMETERY OR CREMATORY: Sunset Addition Cemetery
24d. LOCATION (City, town, or county) (State): Sikeston, Mo.

DATE REC'D BY LOCAL REG.: Mar 12-56
REGISTRAR'S SIGNATURE: Mrs Ellen Hunter
25. FUNERAL DIRECTOR'S SIGNATURE: F. J. Sparks, ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 15 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 356-68

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 34

P. O. Address Cape Gira

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.