

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29517**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>25 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>543 E. Black St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>543 E. Black St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b>	b. (Middle) <b>PASSIG</b>	c. (Last) <b>BIGGS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 3, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 12, 1892</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>0</b> Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Linn Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>George Passig</b>		13b. MOTHER'S MAIDEN NAME <b>Margarett Bramer</b>	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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lena M. Palmer Marshall, Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cor Vasa Scler</b> <b>5 yrs +</b>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Uterus</b> <b>1 yr</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Min.)	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 <b>5:13</b> <b>1956</b> , to <b>4:13</b> , <b>1956</b> , that I last saw the deceased alive on <b>Sept 3, 1956</b> , and that death occurred at <b>10:50 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Marvin E. Kober M.D.</b> (Degree or title)		23b. ADDRESS <b>Marshall, Mo</b>	23c. DATE SIGNED <b>9/4/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-5-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Pack Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
DATE REC'D BY LOCAL REG. <b>9-5-56</b>	REGISTRAR'S SIGNATURE <b>Cecil J. Read</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	ADDRESS <b>Marshall, Mo</b>

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09720

443xH

5290

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 *Joseph R. Markler*.....  
Licensed Embalmer No. *457*.....

P. O. Address *Marshall*.....

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.