

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1957

State File No. **42027**

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>104</u>				
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u>				b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (in this place) <u>72 years</u>		c. CITY OR TOWN <u>Lexington</u>		d. 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>806 South St.</u>				e. STREET ADDRESS (If rural, give location) <u>806 South St.</u>				<u>0540</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u>			b. (Middle) <u>AUGUSTA</u>			c. (Last) <u>MARSHALL</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>December 9 1956</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		
8. DATE OF BIRTH <u>November 11 1876</u>			9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wellington, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Julius Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Cordelia Sloan</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Finley</u>			ADDRESS <u>Lexington, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</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) <u>Arterio-sclerotic heart disease</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
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) <u>203x</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			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 <u>Nov</u> , 19 <u>55</u> , to <u>Dec. 9</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Dec. 9</u> , 19 <u>56</u> and that death occurred at <u>4:30p</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Joe W Ward M.D.</u> (Degree or title)					23b. ADDRESS <u>Lexington Mo</u>			23c. DATE SIGNED <u>12/25/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 11 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-28-56</u>		REGISTRAR'S SIGNATURE <u>Thomas E. Eastburn</u>			5. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas E. Eastburn</u>			ADDRESS <u>Lexington, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
L. W. McKee

Licensed Embalmer No. *298*

P. O. Address *Levellon, Tenn*

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.