Dr. Hahn

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

STATE FILE NUMBER 4351

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Springfield 0396 0 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hosp. — Length of stay in 1b 6 Yrs.	d. STREET ADDRESS (If outside, give location) 1236 S. Weller — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First HOMER	Middle C.	Last MARSHALL JR.	4. DATE OF DEATH Month Feb. Day 23 Year 1957
5. SEX Male	6. COLOR OR RACE White 0	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Aug. 15 1919	9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Longmont, Colorado /	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Homer C. Marshall Sr.		14. MOTHER'S MAIDEN NAME Martha Tinsley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. # 2	16. SOCIAL SECURITY NO. No	17. INFORMANT Address Mrs. Margaret Marshall Spfld, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MELANOCARCINOMA, GENERALIZED — INTERVAL BETWEEN ONSET AND DEATH 8 YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 190X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) /

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED, WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from OCTOBER, 1955 to FEB. 23, 1957 and last saw ~~her~~ him alive on 2/23/57

Death occurred at 4:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn O. Truver, M.D.	22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 2/25/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/57	23c. NAME OF CEMETERY OR CREMATORY Hazelwood
23d. LOCATION (City, town, or county) (State) Springfield, Missouri		
24. FUNERAL DIRECTOR H.H. Lohmeyer — ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 2-27-57	26. REGISTRAR'S SIGNATURE Edith Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be tested. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 2 1957

MAY 10 1961

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. L. McCann

Licensed Embalmer No 27

P. O. Address Springf

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.