S. HAME OF DECEASED First Middle Last 4. DATE Month Day Year DECEASED OPEN Thur IIa Marsh. OPEN DECEASED OPEN III OPEN		en	. 0.4.40===				ALTH OF MISSOURI		20857		
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If ourside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Windsor c. FILL MANE OF (IN NOT inhospital, give location) Length of stey in 1b OR TOWN Windsor c. FILL MANE OF (IN NOT inhospital, give location) Length of stey in 1b OR TOWN Windsor c. FILL MANE OF (IN NOT inhospital, give location) Length of stey in 1b OR TOWN Windsor c. FILL MANE OF (IN NOT inhospital, give location) Length of stey in 1b OR STREET CONN Windsor Crapte or printh Arthur II a OR TOWN Windsor OY 20 OR TOWN WINDSOR OY	j Fil	בט למו		ition Distric	• •				STATE FILE N	4193	
b. CITY (If ourside compared limits, give location) Inside Limits OR OR OR OR OR OR OR O							2. USUAL RESIDEN	ICE (Where decease	d lived. If institut	admissign)	
C. FULL NAME OF (If NOT in hospital, give location) Length of stey in 1b d. STREET (If outside, give location) Reside on Form HOSPITAL OR INSTITUTION WindSOT HOSPITAL 15 yrs. And DRESS (If outside, give location) Reside on Form HOSPITAL OR INSTITUTION WindSOT HOSPITAL 15 yrs. And DRESS (If outside, give location) Reside on Form HOSPITAL 15 yrs. And DRESS (If outside, give location) Reside on Form HOSPITAL 15 yrs. And DRATH 16 yrs. And DRATH	0	R	de corporate limit	s, give TOW	NSHIP only)		c. CITY OR	-	0420	Inside Limits	
The or print) Arthur Ila Marsh. Marsh. Dath June 13 1957 5.5EX O 6. COLOR OR RACE White Whi	HC	JLL NAME I	OF (If NOT in hosp			th of stay in 1b	d. STREET		side, give locati		
Male White widowed Divorced 12-26-1900 56 De USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) Retired Miner Retired Miner Nontrose Missouri Montrose Missouri M	DECEA	SED					**	OF	H June	13 1957	
during mode of working life, even if retired Retired Miner 3. Father's name 11. Jepper Son Marsh 5. Was diceased even in U. S. Armed Forces? 12. In Mother's Madden Name 13. Mary Clark 5. Was diceased even in U. S. Armed Forces? 14. Mother's Madden Name 15. Was diceased even in U. S. Armed Forces? 16. Social Security no. 17. Informant 17. Informant 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 18. Cause of Death (Edit only one cause per line for (a), (b). and (c).] 19. Was autopsy performed one cause (a). 19. Was autopsy performed of the per line for (a), (b). and (c).] 20. Accident suicide lost. 19. Was autopsy performed of the per line for (a), (b). and (c).] 20. Accident suicide lost. 20. Death (Edit only one cause (a). 20. Accident suicide lost. 20. Death (Edit only one cause (a). 20. Time of Hour Month, Day, Year in the line of the Death But not related home. 20. Time of Hour Month, Day, Year in the line of the line of injury in Part I or Part II of Hem 18.) 20. Time of Hour Month, Day, Year in the line of the line of injury in Part I or Part II of Hem 18.) 20. Time of Hour Month, Day, Year in the line of the line of injury in Part I or Part II of Hem 18.) 20. Time of Hour Month, Day, Year in the line of the line of injury in Part I or Part II of Hem 18.) 20. Time of Hour Month, Day, Year in the line of the line of injury in Part I or Part II of Hem 18.) 21. Lattended the deceased from Fath of the line of the line of injury in Part I or Part II of Hem 18.) 22. Additional Security in the line of the line of the line o	Mal	<u>* </u>	White	wi	DOWED 🗌	DIVORCED [12-26-19	00 101 5	irthday) Months	Days Hours Min.	
15. MAS DECEASED EVER IN U. S. ARMED PONCES! 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT 194-12-7611 Mrs. Arthur Marsh Windsor Mo 194-12-7611 Mrs. Arthur Marsh Windsor Moser And Death But Not Related to The Terminal Disease Condition Given in Part I of Part II of Item 18.) 20a. Accident Suicide Homicide 20b. Describe How injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20a. Accident Suicide Homicide 20b. Describe How injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20b. Minjury occurred Month, Day, Year 194 Marsh 195 Marsh 194 Marsh 195	Ret:	ired l	rking life, even if re	tired)	CIND OF BUSINE	SSORINDUSTRY	Montrose	. Missou	0	U. S. A.	
NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	I];	ECEASED EVE	R IN U. S. ARMED	FORCES?	16. SOCIA	L SECURITY NO.		k	Address		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any. White gare tree to above cause (at) 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 II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICA	(I ear, No. or		(1) yes, give war or aai	es of service:	494-	12-7611	Mrs. Art	hur Mars	h Wind	sor. Mo.	
20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE OF LOCATION COUNTY STATE WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE OF LOCATION COUNTY STATE WHILE AT NOT WHILE NOT WHILE AT NOT WHILE OF LOCATION OF COUNTY STATE WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE OF LOCATION OF COUNTY STATE WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE OF LOCATION OF COUNTY STATE WHILE AT NOT WHITE AT NOT WHILE AT NOT W	ICATION	which gare above caus stating the lying cause	rise to e (a), under- e last. DUE TO	(c)	BUTING TO DEAT	BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN IN P		PERFORMED?	
INJURY a.m. p.m. 20d. INJURY (c. g., in or chow home, p. m. 20f. CITY. TOWN, OR LOCATION COUNTY STATE WHILE AT NOT WHILE farm, factory, street, office bldg., etc.) 1 attended the deceased from 3	CER-T				DESCRIBE HOW	INJURY OCCURR	D. (Enter nature of inj	ury in Part I or Po	irt II of item 18.)		
21. I attended the deceased from 1 3 5 , to 1 5 3 and last saw her alive on 1 3 5 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20d. II	A. P.	m. m.	PLACE OF II	NJURY (c. g., i	n or ahout home,	20/. CITY, TOWN, OR I	OCATION	COUNTY	STATE	
Death occurred at 4:30 A. mon the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degree or title) 22a. BURNAL, CREMATION. 23b. DATE PRINOVAL (Specify) Burial June 15, 1957 Laurel Oak Cemetery Windsor, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAE'S GIGNATURE Burial Windsor, Missouri 25. DATE RECD. BY LOCAL REG. 26. REGISTRAE'S GIGNATURE 27. Burial Signature 28. REGISTRAE'S GIGNATURE 29. DATE RECD. BY LOCAL REG. 20. REGISTRAE'S GIGNATURE 20. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 21. DATE RECD. BY LOCAL REG. 22. DATE RECD. BY LOCAL REG. 23. DATE RECD. BY LOCAL REG. 24. REGISTRAE'S GIGNATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRAE'S GIGNATURE 27. DATE RECD. BY LOCAL REG. 28. REGISTRAE'S GIGNATURE 29. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. REGISTRAE'S GIGNATURE 21. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAE'S GIGNATURE 27. DATE RECD. BY LOCAL REG. 28. DATE RECD. BY LOCAL REG. 29. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 20. DATE RECD. BY LOCAL REG. 21. DATE RECD. BY LOCAL REG. 22. DATE RECD. BY LOCAL REG. 24. DATE RECD. BY LOCAL REG. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAE'S GIGNATURE	WORK	<u> </u>	T WORK		ry, street, office		1 1 2 1	<u> </u>	h	/ /2	
23a. BURIAL, CREMATION. RISSOURI 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, token, or county) (State) Burial June 15, 1957 Laurel Oak Cemetery Windsor, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAES SIGNATURE Ellis Huston Windsor, Missouri 6 21 - 57 Muldwell Bigun				30	A.						
Burial June 15, 1957 Laurel Oak Cemetery Windsor, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. Ellis Huston Windsor, Missouri 6-21-57 Muldued Bigun	22a. S	IGNATURE	The	(Degr	ree or title)	24.0	22b. ADDRESS	don	meo	22c, DATE SIGNED	
24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAB'S SIGNATURE LILIS Huston Windsor, Missouri 6-21-57 Muldued Begun	REMOV	(AL (Specify)	١, ,	<u> </u>							
· · · · · · · · · · · · · · · · · · ·	24. FUNER	AL DIRECTOR				25. D				Bigum	
							ent on Reverse Side)	······ <u>`</u>		

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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 en

working under my personal supervision..

Signature of Student Embalmer

Signed Clifford Jouga

P. O. Address Windson

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.