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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 021 576  
STATE FILE NUMBER

FILED JUN 18 1957

Registration District No. 170 Primary Registration District No. 3635 Registrar's No. 91

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1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Phillipsburg</i>		c. CITY OR TOWN <i>Phillipsburg</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rt # 1</i>		d. STREET ADDRESS (If outside, give location) <i>Route # 1</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Leon Wallace Marshall</i>			4. DATE OF DEATH Month Day Year <i>June 2 1957</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 19 1892</i>		9. AGE (In years last birthday) <i>64</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	11. BIRTHPLACE (City and state or country) <i>Laclede Co. Mo. U. S. A.</i>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>John B. Marshall</i>	13b. MOTHER'S MAIDEN NAME <i>Mary J. Thomas</i>	14. NAME OF HUSBAND OR WIFE <i>Bessie</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>494-18-8912</i>	17. INFORMANT <i>Bessie Marshall Phillipsburg</i>	Address
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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>INFARCTION OF MYOCARDIUM DUE TO ARTEROSCLEROTIC CORONARY THROMBOSIS, CURRENT.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>FEW MIN.</i>
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) <i>4201</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>8-1-55</i> to <i>3-19-57</i> and last saw him alive on <i>3-19-57</i> Death occurred at <i>3: A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Glen O. T. ...</i>	22b. ADDRESS <i>M.D. 609 Cherry-Springfield, Mo.</i>	22c. DATE SIGNED <i>6-4-57</i>
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23a. BURIAL, CREMATION, REMOVAL, (Specify) <i>Burial</i>	23b. DATE <i>6/4/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Hope Cemetery near Long Lane Mo.</i>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Holman</i>	ADDRESS <i>Lebanon Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>6-8-1957</i>	26. REGISTRAR'S SIGNATURE <i>Ilella S. Ray</i>
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(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS FEB 9 1962

Received 6-17-57  
Laclede County Health Unit  
File No. 91  
Date Filed 6-17-57

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 Dorsey M. Howe

Licensed Embalmer No. 422  
P. O. Address Lebanon,

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.