

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

Masters
FRED JUL 10 1957

267 6-26

57 0 22068
4401

Registration District No. Primary Registration District No. Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Miami</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Pascola</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY <u>8130</u> OR TOWN <u>Peru</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pascola</u>				Length of stay in lb <u>1 Month</u>		d. STREET ADDRESS (If outside, give location) <u>425 W. 7th. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Lettie</u> Last <u>Hill</u>				4. DATE OF DEATH Month <u>June</u> Day <u>25</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 22, 1916</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (City and state or country) <u>Pascola, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>John Sherman Marshall</u>				14. MOTHER'S MAIDEN NAME <u>Fannie Margaret Back Marshall</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>99 30 2123</u>		17. INFORMANT <u>Basil Hill</u> Address <u>Peru, Indiana</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Pelvic Viscera and Lungs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>199.8</u> DUE TO (c) <u>199.8</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
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.)			
20c. TIME OF INJURY Hour <u>6:05</u> Month <u>5</u> Day <u>57</u> Year <u>1957</u> a. m. p. m.							
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 <u>Wardell, Missouri</u>		20g. COUNTY <u>Wardell</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>6-5-57</u> to <u>6-25-57</u> and last saw her <u>alive</u> on <u>6-24-57</u> . Death occurred at <u>6:05 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. L. Masters DO</u> (Degree or title)				22b. ADDRESS <u>Hayti, Mo</u>		22c. DATE SIGNED <u>6-27-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 28, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Wardell Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Wardell, Missouri</u>	
24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'ville.</u> ADDRESS <u>6-27-57</u>				25. DATE RECD. BY LOCAL REG. <u>6-27-57</u>		26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	

(Licensed Embalmer's Statement on Reverse Side)

7-185-57

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

H. Denver Pike

Licensed Embalmer No. *44*

P. O. Address *Caruthers*

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.