

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39973
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1157-A

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Springfield</u> TOWN		c. CITY OR TOWN <u>Rural</u>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR <u>Mercy Infirmary</u> INSTITUTION		d. STREET ADDRESS <u>Rt. 3, Rogersville</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>ARMIDA</u> Middle <u>FLORENCE</u> Last <u>MARSH</u>		Month <u>December</u> Day <u>1</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6 June 1892</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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>
13a. FATHER'S NAME <u>Thomas Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Tom Marsh</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT Address <u>Grace Winter, East St. Louis, Illinois</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>Cerebral Hemorrhage -</u> DUE TO (b) <u>Cardio - Vascular - renal disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Decubitus ulcer.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from <u>11/24/57</u> to <u>12/1/57</u> and last saw her alive on <u>11/24/57</u> Death occurred at <u>9:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John W. Williams, M.D.</u> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-4-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>
24. FUNERAL DIRECTOR <u>Ralph Thieme, Springfield, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12-10-57</u>	22b. ADDRESS <u>Springfield, Mo</u>
26. REGISTRAR'S SIGNATURE <u>John W. Williams</u>		22c. DATE SIGNED <u>12/4/57</u>	
23d. LOCATION (City, town, or county) <u>Springfield, Missouri.</u>		(State)	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

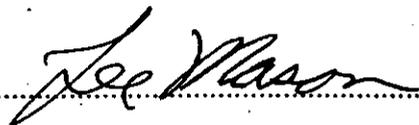
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4568
Springfield,
P. O. Address Missouri.....

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.