

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46922**

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| BIRTH NO. | | REG. DIST. NO. 324 | | PRIMARY REG. DIST. NO. 3072 | | Registrar's No. 252 | |
| 1. PLACE OF DEATH a. COUNTY Saline | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Saline | | | |
| b. CITY OR TOWN Marshall | | c. LENGTH OF STAY (in this place) 3 yrs | | c. CITY OR TOWN Marshall | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 458 W Washington | | | | e. STREET ADDRESS (If rural, give location) 458 W Washington 09120 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARYVIN | | b. (Middle) RAYMOND | | c. (Last) JONES | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1957 | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Feb. 25, 1939 | |
| 9. AGE (In years last birthday) 18 | | IF UNDER 1 YEAR Months | | IF UNDER 4 HRS. Days | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) mobily mo | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | 13a. FATHER'S NAME Marvin Jones | | 13b. MOTHER'S MAIDEN NAME Mary Jane Rainald | |
| 14. NAME OF HUSBAND OR WIFE none | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Mary Jane Bullard | | | | ADDRESS Marshall mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yr ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Epilepsy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3533 Marshall mo | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from April, 1956 to Dec, 1957 , that I last saw the deceased alive on Dec 27, 1957 , and that death occurred at 6:30 A. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Marvin E. Roiber M.D. | | | | 23b. ADDRESS Marshall, mo | | 23c. DATE SIGNED 1/3/58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1-3-1958 | | 24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Marshall mo | |
| DATE REC'D BY LOCAL REG. 1-3-58 | | REGISTRAR'S SIGNATURE Cecil B. Reed | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Hershberger Marshall mo | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Harry Herzberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall Mo*

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.