

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018979
State File No.

FILED JUN 3 1958

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) Fredericktown	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Fredericktown	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 Route 3		STREET ADDRESS (If rural, give location) 317 Newberry	

3. NAME OF DECEASED (Type or Print) a. (First) Corbin	b. (Middle)	c. (Last) Marsh	4. DATE OF DEATH (Month) (Day) (Year) May 25, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1901	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metallurgical Engineer	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Rapid City, S. Dakota	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wilson Marsh	13b. MOTHER'S MAIDEN NAME Laura Allison	14. NAME OF HUSBAND OR WIFE Edna May Marsh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 143-01-2261	17. INFORMANT'S SIGNATURE OR NAME Edna M. Marsh	ADDRESS Fredericktown, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Coronary Thrombosis		5 min
	DUE TO (c) Arteriosclerotic Heart Disease		5 yrs.
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-25, 1958**, to _____, 19____, that I last saw the deceased alive on **5-25, 1958**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

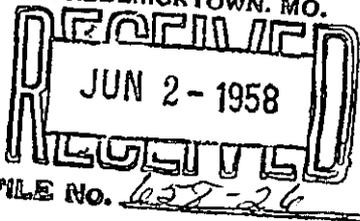
23a. SIGNATURE (Degree or title) Wm. Buttrick	23b. ADDRESS D.O. 1565 Main, Fredericktown, Mo.	23c. DATE SIGNED 5-27-58
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24a. BURIAL (REMOVAL) (Specify)	24b. DATE 5/30/58	24c. NAME OF CEMETERY OR CREMATORY Hill City Cemetery	24d. LOCATION (City, town, or county) (State) Hill City, S. Dakota
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DATE REC'D BY LOCAL REG. 5-27-58	REGISTRAR'S SIGNATURE Therence	25. FUNERAL DIRECTOR'S SIGNATURE W. J. ...	ADDRESS Najim Funeral Home, Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ADAMSON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



8561 21 NOV

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 *Charles McPartly*

Licensed Embalmer No. *485*

P. O. Address *Fredricktown*

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.