

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021729
Start File No.

FILED JUN 18 1958

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>97</u>			
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, write RURAL and give town) Fayette, Mo.		c. LENGTH OF STAY (In this place) 36 hrs.		c. CITY OR TOWN Fayette <u>045/6</u>		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 Lee Hospital				e. STREET ADDRESS (If rural, give location) 483 Depot St.					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) MARSHALL		c. (Last) JOHN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 4, 1958			
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 4, 1876			
9. AGE (In years) 82		If UNDER 1 YEAR Months Days		If UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Self.			11. BIRTHPLACE (City and State or Foreign Country) Blakesburg, Iowa			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME George W. John		13b. MOTHER'S MAIDEN NAME Sarah Sponsler		14. NAME OF HUSBAND OR WIFE Callie M. Griffin		
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 Callie M. John ADDRESS 483 Depot Fayette, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 months</u>	
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) 480X (COUNTY) (STATE)					
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 <u>May 19 58</u> , to <u>June 4 58</u> , that I last saw the deceased alive on <u>June 4 58</u> and that death occurred at <u>3 A. M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>M. L. Shell</u> (Degree or title)				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>6/21/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/6/1958		24c. NAME OF CEMETERY OR CREMATORY Log Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Howard County, Mo.			
DATE REC'D BY LOCAL REG. 6/7/58		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS Fayette, Missouri					

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

JUN 5 1958

JUN 18 1958

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.....
J. W. Phillips

Licensed Embalmer No. *4897*

P. O. Address *Columbia, Md.*

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.