

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026488  
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 274 Primary Registration District No. 5927 Registrar's No. 298

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Green Ridge #1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Green Ridge</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 mi. North E.</b>		Length of stay in 1b <b>75 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>4 Mi. N.E. of Windsor</b>

3. NAME OF DECEASED OF Windsor (Type or print) <b>Henry B. Marshall</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1958</b>	
---	--	---	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 29, 1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Windsor, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>John B. Marshall</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ann Holderness</b>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Earl Pickard</b>	<b>4325 Pearl St. Kansas City 3, Kansas</b>
--	--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <b>Chas. Gordon Steffach</b>	22b. ADDRESS <b>Conners, Pettis Co</b>	22c. DATE SIGNED <b>7-15-58</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 12, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>	23d. LOCATION (City, town, or county) <b>Windsor, Missouri</b>	(State)
--	-----------------------------------	--	---	---------

24. FUNERAL DIRECTOR <b>Ellis M. Huston</b>	ADDRESS <b>Windsor, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 17, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>
--	--------------------------------	--	--

(Licensed Embalmer - Statement on Reverse Side)

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~~ <sup>not emb</sup>

~~by \_\_\_\_\_~~ ....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed .....

*Clifford Houge*

Licensed Embalmer No. 5014 .....

P. O. Address .....

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.