

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028729

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 115-116 Primary Registration District No. 320 Registrar's No. 212

300
1-57

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Washington 0362
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St/ Francis Hosp		Length of stay 1 day	d. STREET ADDRESS (If outside, give location) 310a High St.
3. NAME OF DECEASED (Type or print) First PAUL Middle JUNIOR Last MARSDEN		4. DATE OF DEATH Month August Day 9, Year 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Business Mach.	11. BIRTHPLACE (City and state or country) Dothat, Oklahoma 1
13a. FATHER'S NAME George Marsden		13b. MOTHER'S MAIDEN NAME Daisy Duncan	14. NAME OF HUSBAND OR WIFE Marie Stephenson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. 447-01-5255	17. INFORMANT Address Mrs Marie Marsden, 310 Hi St. Wash.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1930
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Operated on St from Mrs by Dr. Dean Welsby</i>			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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 Death occurred at <i>8/15/58</i> to <i>8/9/58</i> and last saw her alive on <i>8/9/58</i>		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>L. J. Marshall M.D.</i>		22b. ADDRESS <i>208 E. Washington Mo</i>	22c. DATE SIGNED <i>8/9/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem	23d. LOCATION (City, town, or county) (State) Washington Mo.
24. FUNERAL DIRECTOR Henry W. Otto Washington, Mo.		25. DATE RECD. BY LOCAL REG. <i>8/11/58</i>	26. REGISTRAR'S SIGNATURE <i>F. L. Heilmann</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 19 1958

AUG 28

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 Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.