

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002405

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co. Memorial		d. STREET ADDRESS (If outside, give location) 109 E. 4th. st.,	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES HENRY MARSHALL		4. DATE OF DEATH Month Day Year January 9, 1959	
5. SEX Male	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 Oct. 19, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. City Employ		10b. KIND OF BUSINESS OR INDUSTRY Street Dept.	11. BIRTHPLACE (City and state or country) Scott County, Mo.
13a. FATHER'S NAME James H. Marshall		13b. MOTHER'S MAIDEN NAME Nancy C. Austin	14. NAME OF HUSBAND OR WIFE Virginia Marshall
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 495 36 1229	17. INFORMANT Address Virginia Marshall Rolla, Mo.
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>Cerebro-vascular accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>cardiac decompensation 331X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>Jan. 2, 1959</i> to <i>Jan 9, 1959</i> and last saw him alive on <i>Jan. 9, 1959</i> Death occurred at <i>Rolla</i> <i>fifty five</i> A <i>m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print name or title) <i>James J. Busto</i>		22b. ADDRESS <i>Rolla, Missouri</i>	22c. DATE SIGNED <i>1/12/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan. 11, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rolla, Cometer</i>	23d. LOCATION (City, town, or county) (State) <i>Rolla, Mo.</i>
24. FUNERAL DIRECTOR <i>Carl J. Blum</i>	ADDRESS <i>1100 Elm, Rolla, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Jan. 12, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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-57

*January 17, 1957*

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 ..... *me* ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *Carl J. Glenn* .....

Licensed Embalmer No. .... *4707* .....

P. O. Address ..... *Ralla, 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.