

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008918

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 101 Primary Registration District No.

Registrar's No. 21

300  
-57

1. PLACE OF DEATH a. COUNTY Douglas			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Douglas		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elmer H. Marshall			4. DATE OF DEATH Month Day Year Mar. 15, 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 June 22, 1873	9. AGE (In years last birthday) 85	10. FUNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and state or country) Chesterfield, Ill.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James W. Marshall		13b. MOTHER'S MAIDEN NAME Harriet Harlow		14. NAME OF HUSBAND OR WIFE Lillie Hodges	
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. None	17. INFORMANT Address Lillie Marshall, Ava, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia -</u> DUE TO (b) <u>Carcinoma of Liver - (metastatic)</u> DUE TO (c) <u>Melanosis of Liver</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1561</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12h</u> <u>2-3 Mo.</u> <u>2-3 1/2</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <u>M.C. Gentry</u> to <u>3-15-59</u> and last saw her alive on <u>3-15-59</u> Death occurred at <u>1:15 A.M. 3-15-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>M.C. Gentry</u> (Print name or title) <u>Clinkingbeard Funeral Home, Ava, Mo.</u>			22b. ADDRESS <u>Ava Mo</u>		22c. DATE SIGNED <u>3-17-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-19-59	23c. NAME OF CEMETERY OR CREMATORY Union Grove		23d. LOCATION (City, town, or county) (State) Cross Roads, Missouri	
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 19-59	26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>		

M.C. Gentry USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lyle C. Glavin* .....

Licensed Embalmer No. *4830* .....

P. O. Address *Ans 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.