Registration District No.   3.7   Primary Registration District No.   2.2   STATE FILE NUMBER Registration District No.   3.7   Primary Registration District No.   3.0   2.5   Registration Primary No.   3.7   Primary Registration District No.   3.0   2.5   Primary Registration District No.   3.0   Primary Registration District No.	_	FILED VS AUG	3 1 0 1 <b>959</b>	THE DIVISION OF HEAL		59	9-024897		
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If usuative corporate limits, give TOWNSHIP enly) c. CIVI (If usuative corporate limits, give TOWNSHIP enly) c. CIVI (If usuative corporate limits, give TOWNSHIP enly) c. CIVI (If usuative corporate limits, give Township enly) c. CIVI (If usuative Corporate limits, give Township enly) c. CIVI (If usuative corporate limits, give Township enly) c. CIVI (If usuative corporate limits, give Township enly) c. CIVI (If usuative corporate limits, give Township enly) c. CIVI (If usuative corporate limits, give Township enly) c. CIVI (If usuative corporate limits, give Township enly) c. SEA DATE c. SEA A. DATE c. CIVI (If usuative corporate limits give Township enly give In Factory and the season form township towns		SIANDARD CERTIFICATE OF DEATH							
B. COUNTY Henry  b. CITY (If outside corporate limits, give TOWNSHIP only)   Inside Limits   CITY (If outside corporate limits, give TOWNSHIP only)   Inside Limits   CITY (If outside corporate limits, give TownSHIP only)   Inside Limits   CITY (If outside, give location)   Inside Limits   Insi	_			rict NoPr					
b. CITY (If outside corporate limits, give TOWNSHIP point) Inside Limits TOWN Clinton  c. FULL NAME OF (If NOT in hospital), give location)  c. HOSPITALOR Wetzel Hospital)  7 days  A STREET TOWN Windsor TOWN Winds	י	COUNTY He	nry	11 CTATE		here deceased lived. If institution: Residence before b. COUNTY Henry			
C. FUSTALOR (INDIT in hospital, give location) C. HISTITUTION Wetzel Hospital C. Histitution C.		OR OR.	. : · · ·	· · · · ·	OR With a die		Inside Limits		
3. NAME OF DECEASED  ROY  BURRELL  MARSHALL  OFATH August 2, 1959  5. SEX  6. COLOR OR RACE  Male  White  10a. USUAL OCCUPATION (Give hind of work done of "Divorceol")  11a. SOLOR OR RACE  White  11b. KIND OF BURNES OR  11b. SOLOR OR RACE  William Marshall  13b. MOTHER'S MADEN NAME  William Marshall  15b. WAS DECEASED EVER IN U. S. ARRED FORCES  17ve. no. "Mother of Color or Received of "PART I. of Part I. of The Right Cause (e)"  11b. SOLOR OR RACE (e)"  Windsor, Missouri  11c. SOLOR OR RACE (in year a teste or exeruty)  Windsor, Missouri  11c. NAME OF HUSSAND OR WIFE  William Marshall  15b. WAS DECEASED EVER IN U. S. ARRED FORCES  17ve. no. "Mother of Color or Received of Marshall Windsor Monthly or Received of the services"  11c. SOLOR SECURITY NO.  11c. SO		c. FULL NAME O	F (If NOT in hospital, ai	ve location) Length of stay in 1b	d. STREET	(If outside, give loca	ation) Reside on Farm		
S. SEX   6. COLOR OR RACE   7. MARRIED   1. BURRELL   1. BURRELL   1. B. DATE OF BIRTH   9. AGE (In year, or whoten a proper is take if the wear in the proper is taked from the down whoten and the proper is taked from t	Ċ				10 x x x x 201				
ROY  BURRELL  MARSHALL  DEATH AUGUST 2 1959  8. DATE OF BIRTH  10. USUAL OCCUPATION (Give kind of each done without the standard of the standa	3				Last	i OF			
Male o White  10b. USUAL OCCUPATION (Give kind of work done during during file, www. if retired)  10b. USUAL OCCUPATION (Give kind of work done during during file, www. if retired)  10b. USUAL OCCUPATION (Give kind of work done during during file, www. if retired)  10b. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. USUAL OCCUPATION (Give kind of work done in the state of state or country)  10c. USUAL OCCUPATION (Give kind of work done in the state of state or country)  10c. USUAL OCCUPATION (Give kind of work done in the state of state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. USUAL OCCUPATION (Give kind of work done in the state of state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and state or country)  10c. (IND OF BUSINESS OR IN-BIRTHALE (City and stat	L			BURRELL		DEATH Augu	st 2, 1959		
10. USDAL OCCUPATION (Citive kind of work down of the medical post of the part in the part of the pa		1			)  -	9. AGE (In years IFU	INDER I YEAR IF UNDER 24 HRS.		
Indicated   Indi	_	<u></u>		/	1				
13. MATHER'S NAME   13. MOTHER'S MAIDEN NAME   14. NAME OF MUSSAND OR WIFE	10	a. USUAL OCCUPATIO. during most of workin	N (Give kind of work done og life, even if retired)		1	9			
William Marshall  Mathilda C. Barge Edna Dorothy Marshall  15. WAS DECEASED EVER IN U. S. ARMED FORCEST  (Yes, no., or the molity res. give wo or detes of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  494-24-1546 Mrs. Roy Marshall Windsor Mo.  18. CAUSE OF DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: POLITICAL SECURITY NO. 17. INFORMANT  Address  Marshall Windsor Mo.  INTERVAL BETWEE ONSEJ AND DEATH ONSEJ AND DEA	<u></u>		<u> </u>	125 NOTHER'S MAIDEN N			_ <del></del>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or procum) (If yes, give were dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PU MONDY E dema  Canditions, if any, which gene rise to does cause (b). DUE TO (b)  DUE TO (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II of Item 18.)  DUE TO (c)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II of Item 18.)  20. ACCIDENT SUICIDE HOMICIDE  DOE OF INJURY OCCURRED WHILE AT NOT WHILE TO NOT WHILE AT NOT WHILE AT NOT WHILE TO DEATH SUICIDE (c). The original disease condition given in PART II of Item 18.)  20. INJURY OCCURRED WHILE AT NOT WHILE TO NOT	ľ		Marshall			,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   19. PART I. DEATH WAS CAUSED BY:   19. IMMEDIATE CAUSE (a)   20. Canditions, if any, whose server (c), serving the understand the understand of the understand o	15	. WAS DECEASED EVE	R IN U. S. ARMED FORCE	16. SOCIAL SECURITY NO.			TIA MOTERIATE		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PULMONDY Edema  Conditions, if any, which give rise to active the very hard of the terminal disease condition given in PART I (a) possible wides the very hard of the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (b) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (b) possible wides to the terminal disease condition given in PART I (c) possible wides to the terminal disease condition given in PART I (a) possible wides to the terminal disease condition given in PART I (b) possible wides to the terminal disease condition given in PART I (c) possible wides to the terminal disease condition given in PART I (c) possible wides to possible wides	(Y								
Conditions, if any, which gave rise to above course (c), string the underly out to the learning the underly lying course last.  DUE TO (c)  De bility and Innanition  days  PERFORMED?  PERFORMED.  PE				use per line for (a), (b), and (c).)	- 1		INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which give ries to above cause (a), straining the underlying couse lost.  DUE TO (c)  PREFCRMED?  TO (C)  DUE TO (c)  PREFCRETE (c)  DUE TO (c			K II.						
above cause (a), stating the under lost in index index lying course lost.  Due to (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED? YES NO DI  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED? YES NO DI  OUT OF PERFORMED?  YES NO DI  OUT OF PERFORMED?  YES NO DI  OUT OF PERFORMED?  YES NO DI  OUT OF PART II of item 18.)  20c. TIME OF Hour Month, Doy, Year INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  WORK A AT WORK  21. I attended the deceased from Death occurred at Death o	Conditions, if any, DUE TO (b)				, 1 5/100	, H'2			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT SUICIDE HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Doy, Year  a.m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE  WORK ALTONOM  20d. PART II. OTHER SIGNIFICANT  A.T.  20d. INJURY OCCURRED  WHILE AT NOT WHILE  WORK ALTONOM  A.T.  20d. INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20d. INJURY OCCURRED  WHILE AT NOT WHILE  WORK ALTONOM  A.T.  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II of item 18.)  20d. INJURY occurred in injury in PART I or PART II or III or	N	above cause	o (a), }	Debility and Innanit		tion	days		
20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY Occurred a.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE Farm, factory, street, office bldg., etc.)  21. I attended the deceased from Death occurred at 2:00 P. magn the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22b. ADDRESS 7/7 E Afferse 22c. DATE SIGNET 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PRINCIPLE OF THE MISSOURI 24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo. 8 4 - 3 9 Missouri  25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27. Missouri 28. DATE RECO. BY LOCAL REG. 29. DATE RECO. BY LOCAL REG. 20. PART II of item 18.)  COUNTY  STATE  19. P. J. J. D. J.	ATIC	PART II. OT	HER SIGNIFICANT CONDI			ondition given in PART I (	o) 19. WAS AUTOPSY PERFORMED?		
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  21. I attended the deceased from Death occurred at 2:00 P. man the date stated above; and to the best of my knowledge, from the causes stated.  22d. SIGNATURE Gegree or title)  22d. SIGNATURE Gegree or title)  23d. BURIAL, CREMATION, 23b. DATE  23d. REMEDIAL GRANGE  23d. REGISTRAR'S SIGNATURE  Clifford Gouge Windsor, Mo. 2 4 3 9 DATE  24d. FUNERAL DIRECTOR  ADDRESS  25D. DATE RECD. BY LOCAL REG.  26R. REGISTRAR'S SIGNATURE  26R. REGISTRAR'S SIGNATURE  27d. REGISTRAR'S SIGNATURE	E		<u> </u>				YES 📋 NO 🐼		
INJURY a.m. p.m.   20d. INJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, WHILE AT   NOT WHILE   farm, factory, street, office bldg., etc.)   20f. CITY, TOWN, OR LOCATION   COUNTY   STATE	CER1	l = '		20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of injury	IN PART FOR PART II O	of ITEM (8-)		
20d. INJURY OCCURRED WHILE AT NOT WHILE   20e. PLACE OF INJURY (e.g., in or about home, while at more farm, factory, street, office bldg., etc.)  21. I attended the deceased from Death occurred at   2:00 P.	VEDICAL	INJURY a.i	m.	1					
21. Lattended the deceased from Post in the Post in the Post in the date stated above; and to the best of my knowledge, from the causes stated.  22a. SIGNATURE Gegree or title)  23a. BURIAL, CREMATION, 23b. DATE  23a. BURIAL, CREMATION, 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. BURIAL (Specify)  24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  Clifford Gouge Windsor, Mo. 8 - 4 - 3 9 Marchael Biguin		20d. INJURY OCCU	JRRED 20s. PL/		ne, 20f. CITY, TOWN, OR LOCA	ATION COUN	ITY STATE		
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d FOCATION (City, town, or county) (Stote)  RENGYAL (Sweith) 8-4-1959 Laurel Oak Cemetery Windsor, Missouri  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  Clifford Gouge Windsor, Mo. 8-4-39 Mildred Biguin		21. I attended the deceased from Hug. 1 , to Aug. 2 and last saw him alive on Aug. 2 /9.79							
RENGVAL (Secisi) 8-4-1959 Laurel Oak Cemetery Windsor, Missouri  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG.  Clifford Gouge Windsor, Mo. 8-4-39 Marked Bigun		22a. SIGNATURE	o Donzas	(Gegree or title)	2 226. ADDRESS J.	leran	8.3.19		
24. FUNERAL DIRECTOR  ADDRESS  25. DATE RECD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE  26. REGISTRAR'S SIGNATURE  Bigun	230		ľ		9 7/	• • • • • • • • • • • • • • • • • • • •	•		
	24		R A	DDRESS 25-					
	·				tatement on Reverse Side)		<del>y = 1,5 C</del>		

ezel o I von .

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	ne is recorded on the reverse side of this certificate was embalme
by me, or by	Student Embalmer No.
working under my personal supervision.	
Christian	Signed Chillord House

Licensed Embalmer No. 5011

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.

Signature of Student Embalmer