

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

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60-004596

XC-1517 2796

STATE FILE NUMBER

FILED VS JAN 11 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 13 DAYS	c. CITY OR TOWN CHARLESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #2 NORTH MAIN ROAD

3. NAME OF DECEASED (Type or print) First RAYMOND	Middle CECIL	Last MARSHALL	4. DATE OF DEATH Month 1-6-60	Day 60	Year
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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 3-11-96	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SIKESTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME WILLIAM C. MARSHALL	13b. MOTHER'S MAIDEN NAME EMMA STINJARD	14. NAME OF HUSBAND OR WIFE MABEL M. MARSHALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. MABEL M. MARSHALL	Address RR #2 NORTH MAIN RD. CHARLESTON, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAENNEC'S CIRRHOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 VA	COUNTY	STATE
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21. I attended the deceased from **12-24-59** to **1-6-60** and last saw him **XXXXXX** alive on
Death occurred at **10:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Geo. B. Neukom</i> Geo. B. NEUKOM, Actg. Dir. Prof. Services,	22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 1-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-7-60	23c. NAME OF CEMETERY OR CREMATORY LOCAL	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
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24. FUNERAL DIRECTOR Nunnelee Funeral Home, Charleston, Mo.	25. DATE RECD. BY LOCAL REG. 1-7-60	26. REGISTRAR'S SIGNATURE <i>John C. Mumfley M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 31 1960

STATEMENT BY LICENSED EMBALMER

MAR 16 1960

INER 4

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lawrence O. Healy

Licensed Embalmer No. 4978

P. O. Address St. Louis

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.