URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 4 1960

60-014579

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5290 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b: years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 mi. south of Holt — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Clay
c. CITY OR TOWN Holt — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 mi south of Holt — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Roxanna — Middle — Last Marsh
4. DATE OF DEATH: Month April Day 23 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 13, 1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Holt, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mose Harris
13b. MOTHER'S MAIDEN NAME: Bell Mc Comas
14. NAME OF HUSBAND OR WIFE: Virgil Marsh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Alton Bailey, Holt, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 18 mos
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): Cerebral Thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mar 26-60 to Apr 23-60 and last saw her/him alive on Apr. 22-60
Death occurred at 3:00 A M m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: Plattsburg Mo
22c. DATE SIGNED: Apr 25 60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-25-60
23c. NAME OF CEMETERY OR CREMATORY: Antioch
23d. LOCATION (City, town, or county) (State): Holt Missouri
24. FUNERAL DIRECTOR — ADDRESS: Fry Funeral Home, Holt, Missouri
25. DATE RECD. BY LOCAL REG.: 4-29-60
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 400 9

P. O. Address Pacelsior Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.