

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016201

FILED VS APR 22 1960

Registration District No. 224 Primary Registration District No. 3798 Registrar's No. 29

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY MONITEAU | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LINN | | Length of stay in lb LIFE | c. CITY OR TOWN JAMESTOWN LINN TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3MI. WEST JAMESTOWN | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3MI. WEST JAMESTOWN Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First ELSIE Middle JANE Last MARSHALL | | | 4. DATE OF DEATH Month APRIL Day 2 Year 1960 | |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-12-1869 | 9. AGE (last birthday) 91 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (City and state or country) PRARIE HOME, MO. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME WILLIAM KIRSCHMAN | 13b. MOTHER'S MAIDEN NAME NOT KNOWN | 14. NAME OF HUSBAND OR WIFE ROBERT MARSHALL (DEC.) |
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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) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT OSCAR MARSHALL, JAMESTOWN, MO. Address |
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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) Asphyxia Pulmonary Edema Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH 10 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serious | | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ | 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 _____ |
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| 21. I attended the deceased from 8-15-56 to 4-2-60 and last saw her ^{her} _{him} alive on 4-1-60 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE [Signature] (Degree or title) | 22b. ADDRESS Jamestown, Mo. | 22c. DATE SIGNED 4-4/60 |
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| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | 23b. DATE 4-3-1960 | 23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY | 23d. LOCATION (City, town, or county) CALIFORNIA, MO. (State) |
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| 24. FUNERAL DIRECTOR HUGH WILLIAMS, CALIFORNIA, MO. ADDRESS | 25. DATE RECD. BY LOCAL REG. 4/5/60 | 26. REGISTRAR'S SIGNATURE [Signature] |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Russell C. Mad

Licensed Embalmer No. 480 4

P. O. Address California,

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.