URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038779
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City
Length of stay in 1b: 30 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 N. Liberty St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 501 N. Liberty St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Marshall Middle: Last: Passley
4. DATE OF DEATH Month: November Day: 6 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-12-1883
9. AGE (last birthday): 77
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): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Neck City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lewis Passley
13b. MOTHER'S MAIDEN NAME: Sarah K. Young
14. NAME OF HUSBAND OR WIFE: Minnie Passley
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.: 487-01-3352
17. INFORMANT: Minnie Passley Address: 501 N. Liberty St. Webb City, Mo.

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) Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 24 hours
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. ☐ 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 10-31-60 to 11-6-60 and last saw him alive on 11-6-60
Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. W. Forbes (Degree or title) D.O.
22b. ADDRESS Webb City, Mo.
22c. DATE SIGNED 11-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-9-60
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Cem.
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR: Johnston-Simpson, ADDRESS: Webb City, Mo.
25. DATE RECD. BY LOCAL REG.: 11-8-60
26. REGISTRAR'S SIGNATURE: Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Jack C. Simpso

Licensed Embalmer No. 464

P. O. Address Webb City

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