

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041126

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

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|--|--|---|---|--|--|--|------------------------------|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY Buchanan | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St Joseph | | d. STREET ADDRESS (If outside, give location) 301 Ohio, St. | |
| Length of stay in lb 45 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MINNIE --- MARSH | | | | 4. DATE OF DEATH Month Day Year Nov. 1, 1960 | | | |
| 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 7/22/1887 | 9. AGE (last birthday) 79 | 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 work | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and state or country) Daviness County, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Samuel Stubbs | | 13b. MOTHER'S MAIDEN NAME Minerva Thornhill | | 14. NAME OF HUSBAND OR WIFE Jess | | | |
| 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 Address Raymond Marsh*Gunnison, Colo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) Pulmonary edema due to | | | | | | 1 Day | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | Unk. | |
| DUE TO (b) Arteriosclerotic heart disease | | | | | | | |
| 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 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.) | | | |
| 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 |
| 21. I attended the deceased from July 5, 1960 to October 31, 1960 and last saw her/him alive on October 31, 1960 Death occurred at 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Martha Christman</i> | | | | 22b. ADDRESS 6106 King Hill St. Joseph, Missouri | | 22c. DATE SIGNED 11-18-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Nov. 3, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Rupp Funeral Home-St. Joseph, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Nov. 21, 1960 | 26. REGISTRAR'S SIGNATURE <i>Ma Clark Woodell</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M.H. CHRISTMAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Johnson

Licensed Embalmer No. 4487

P. O. Address Wathena, Kan

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