

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041662

FILED VS. NOV 28 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1173

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge-Protestant			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2823 N. Grant		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) George Robertson Marshall				4. DATE OF DEATH Month November Day 21 Year 1960					
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 10/16/1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groceryman			10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and state or country) Glasgow, Scotland		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Alexander F. Marshall			13b. MOTHER'S MAIDEN NAME Isabelle Robertson			14. NAME OF HUSBAND OR WIFE Fleeta Marshall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 499-18-6948		17. INFORMANT Mrs. Fleeta Marshall, Spgfld, Mo.				Address 2823 N. Grant	
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 Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-Sclerotic Heart Disease DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH Immediate		
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.)					
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 12-2-58 to 11-2-1960 and last saw him alive on Nov. 1960 Death occurred at 5:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Myrtle Little (Degree or title) M.D.			22b. ADDRESS Springfield Mo			22c. DATE SIGNED 11-22-60			
23a. BURIAL, CREMATION, or other disposition Burial		23b. DATE 11/25/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Missouri				
24. FUNERAL DIRECTOR Ralph Thieme,		ADDRESS 1200 Boonville Spgfld, Missouri		25. DATE RECD. BY LOCAL REG. 11-23-60		26. REGISTRAR'S SIGNATURE Effie S. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1960

DEC 8 1960

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 Keith Bole

Licensed Embalmer No. 36

P. O. Address Spring

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.