MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-025852
STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 69

FILED AUG 9 1961

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon
Length of stay in 1b 198 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pemiscot
c. CITY OR TOWN Pascola Rof 7
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED. (Type or print) First John Middle Sherman Last Marshall
4. DATE OF DEATH Month July Day 20 Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-24-88
9. AGE (last birthday) 72
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) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ruben Shady Marshall
13b. MOTHER'S MAIDEN NAME Latieia White
14. NAME OF HUSBAND OR WIFE Fannie Margaret Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Hospital Board

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 Tuberculosis, far advanced active
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 198 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adrenal Insufficiency

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 1-18-61 to 7-30-61 and last saw her him alive on 8:00 P.M.
Death occurred at 8:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) H. Vernon Langebartel M.D.
22b. ADDRESS State Sanatorium, Mt. Vernon
22c. DATE SIGNED 7-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 7/31/61
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) WARDELL. MO

24. FUNERAL DIRECTOR ADDRESS W.T. LUHMANN FUNERAL HOME SPRINGFIELD MO
25. DATE RECD. BY LOCAL REG. 8-1-61
26. REGISTRAR'S SIGNATURE N. D. Hassett

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed B L McCann

Licensed Embalmer No. 2727

P. O. Address [illegible]

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.