

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026239
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 1410 Registrar's No. 39

FILED AUG 3 1961

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James | | Length of stay in 1b | c. CITY OR TOWN St. James |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 225 E. Eldon |
| 3. NAME OF DECEASED (Type or print) First Middle Last Earl Homen Marshall | | | 4. DATE OF DEATH Month Day Year July 26, 1961 |
| 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 3-21-1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY Garage | 9. AGE (last birthday) 70 |
| 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William T. Marshall | | 13b. MOTHER'S MAIDEN NAME Elizabeth Huffman | 14. NAME OF HUSBAND OR WIFE Elsie (Deceased) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 17. INFORMANT Homen Marshall 396 N. Evergreen St. James, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>cardiac in attending car</i> | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. |
| DUE TO (b) _____ 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 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 <i>Sept 1960</i> to <i>July 26, 1961</i> and last saw her/him alive on <i>July 26, 1961</i> Death occurred at <i>9:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>James H. Powell</i> | | (Degree or title) not | 22b. ADDRESS <i>200 S. Meramec</i> |
| 22c. DATE SIGNED <i>7/29/61</i> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 28, 61 | 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | 23d. LOCATION (City, town, or county) St. James, Missouri |
| 24. FUNERAL DIRECTOR <i>Jeese Gahr</i> | | ADDRESS <i>200 S. Meramec</i> | 25. DATE RECD. BY LOCAL REG. 7-31-61 |
| | | | 26. REGISTRAR'S SIGNATURE <i>Ruth B. Powell</i> |

AUG 8 1961

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James,

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.