

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037658
STATE FILE NUMBER

AMENDED Registration District No. 187 Primary Registration District No. 5695 Registrar's No. 183
FILED OCT 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green Ridge TWP</u>		Length of stay in lb <u>Lifetime</u>	c. CITY OR TOWN <u>Chillicothe</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chillicothe R#5</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#5-Cream Ridge TWP</u>
3. NAME OF DECEASED (Type or print) First <u>Boy</u> Middle <u></u> Last <u>Marsh</u>		4. DATE OF DEATH Month <u>October</u> Day <u>11</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/22/1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9. AGE (last birthday) <u>85</u>
11a. BIRTHPLACE (City and state or country) <u>Livingston Co Mo</u>		11. BIRTHPLACE (City and state or country) <u>Livingston Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilbur F Marsh</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Booth Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucy Marsh</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Marsh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Thana Marsh Ingle</u>		Address <u>1327 Hagedorn Kansas City Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chr. Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u></u>			
DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral hemorrhage</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u></u>			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			
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.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>Jan 29, 1961</u> to <u>Oct 12, 1961</u> and last saw him alive on <u>Oct 12, 1961</u> Death occurred at <u>8:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm Druehl, M.A.</u> (Degree or title)		22b. ADDRESS <u>Chillicothe Mo</u>	
22c. DATE SIGNED <u>10-13-61</u>		22c. DATE SIGNED <u>10-13-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/14/1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>May Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chilo Missouri.</u>	
24. FUNERAL DIRECTOR <u>F. J. Robertson</u> ADDRESS <u>Funeral Home Chilo Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 13, 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>			

OCT 24 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 J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo

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.