

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 244

FILED DEC 18 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>Scott</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sikeston, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Scott</u>		
Length of stay in lb <u>25 years</u>		c. CITY OR TOWN <u>Sikeston</u>		d. STREET ADDRESS (If outside, give location) <u>258 N. Kinghighway</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. DELTA HOSPITAL</u>				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)			4. DATE OF DEATH			5. SEX		
First Middle Last <u>FLORENCE MARY MARSHALL</u>			Month Day Year <u>12 9 1961</u>			Female		
6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-19-1874</u>		9. AGE (last birthday) <u>87</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Blodgett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John Austin</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Elizabeth Oakes</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin F. Marshall</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>None</u>		17. INFORMANT <u>Ben F. Marshall Jr., Blodgett, Mo.</u>		Address	
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) <u>LYMPHO SARCOMA</u>							<u>2 mos.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
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 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 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 <u>9:60</u> to <u>10:50 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.		Death occurred at <u>DEC. 1961</u>		and last saw her <u>12.9.61</u> alive on				
22a. SIGNATURE <u>Carl G. Papp M.D.</u>			22b. ADDRESS <u>Sikeston, Mo.</u>			22c. DATE SIGNED <u>12-10-61</u>		
23a. BURIAL CREMATION (Type or print) <u>Entombment in Mausoleum</u>		23b. DATE <u>12-12-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Mausaleum</u>		23d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u>		
24. FUNERAL DIRECTOR <u>Nunnelee Funeral Chapel, Sikeston, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>12-13-1961</u>		26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 13 1962

JAN 23 1962

DEC 19 1962

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 Edward E. Fumelle

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

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.