

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028034

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 136

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0781
2 1720
3 1
4 0
5 0
6
7 1
8 2
9 5271C

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 8 1962

1. PLACE OF DEATH
a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hayti Length of stay in lb 11 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hayti Memorial Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid

c. CITY OR TOWN Conran Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Box 54 Reside on Farm Yes No

3. NAME OF DECEASED First Willie Middle B. Last Marshall

4. DATE OF DEATH Month Aug. Day 2, Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 4-27-1918 9. AGE (last birthday) 44

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and state or country) Harden County Tenn.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Riley Marshall 13b. MOTHER'S MAIDEN NAME Bessie Ford 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. XX 17. INFORMANT Riley Marshall, Conran, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Basilar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 36 hours
DUE TO (b) Chronic obstructive emphysema years
DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. advanced Histoplasmosis - Pulmonary

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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 11/21/60 to 8/1/62 and last saw him live on 8/1/62
Death occurred at 12:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS Portageville, Mo. 22c. DATE SIGNED 8-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-4-1962 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) Portageville, Mo.

24. FUNERAL DIRECTOR Osburn Funeral Home, Wardell, Mo. ADDRESS 8-4-62 25. DATE RECD. BY LOCAL REG. 8-4-62 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

USE BLACK INK OR TYPEWRITER RIBBON

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 James G. Debra

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.