

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012127

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 61

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		c. CITY OR TOWN CARTHAGE	
Length of stay in 1b 11 YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSPITAL		d. STREET ADDRESS (If outside, give location) 1845 S. MAPLE ST.	
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) JOHN NATHAN MARSH			4. DATE OF DEATH Month MARCH Day 12 Year 1963
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 1-16-83
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANKING		10b. KIND OF BUSINESS OR INDUSTRY BANKER	11. BIRTHPLACE (City and state or country) CARTHAGE, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME THOMAS MARSH	
13b. MOTHER'S MAIDEN NAME LAMIRA D. ROUTT		14. NAME OF HUSBAND OR WIFE ELLA JOHNSON MARSH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) NO		16. SOCIAL SECURITY NO. 623	
17. INFORMANT MRS. S. M. STANLEY, CARTHAGE, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, cerebral		INTERVAL BETWEEN ONSET AND DEATH Several yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, general		Several yrs	
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 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 <u>1947</u> to <u>3-12-63</u> and last saw him alive on <u>3-12-63</u> Death occurred at <u>8:35 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Russell Smith</i>		22b. ADDRESS M.D., 211 E. CHESTNUT, CARTHAGE, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-14-63	
23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) (State) CARTHAGE MO.	
24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 3-13-63	
26. REGISTRAR'S SIGNATURE <i>Ellie Chittin</i>			

USE BLACK INK OR TYPEWRITER RIBBON

MAR 20 1963

MAY 28 1963

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.