

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048525
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 178

FILED DEC 26 1963

DO NOT WRITE ON THIS STUB
AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
a. COUNTY Johnson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		a. STATE Missouri b. COUNTY Johnson		c. CITY OR TOWN Warrensburg	
Length of stay in 1b 20 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 302 N. 2nd.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Thomas		Middle Earl		Last Marshall		Month December Day 21 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 3/4/13	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mod carrier		10b. KIND OF BUSINESS OR INDUSTRY Bldg. construction		11. BIRTHPLACE (City and state or country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George R. Marshall			13b. MOTHER'S MAIDEN NAME Maggie Kelly		14. NAME OF HUSBAND OR WIFE Mable Viola Marshall		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Mable Marshall, Warrensburg, Mo.		
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) Intersusception of Jejunum							4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Laparotomy for partial bowel obstruction							11 days
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>12-10-63</u> to <u>12-21-63</u> and last saw her alive on <u>12-21-63</u> Death occurred at <u>12-15 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. Lee Cooper M.D.				22b. ADDRESS Warrensburg, Missouri		22c. DATE SIGNED 12-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/23/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery		23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri		
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 24, 1963		26. REGISTRAR'S SIGNATURE Javannah Cauterfield	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

052240-700

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. Earl Hunt

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.