

No. 100
10. FILED APR 6 1953

STANDARD CERTIFICATE OF DEATH

State File No. 9599

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 97		
1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>				
b. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i>			c. LENGTH OF STAY (in this place) <i>2 weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Windsor</i>			<i>0470</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>606 S. Lebo</i>				
3. NAME OF DECEASED (Type or Print) a. (First) <i>JANETTE</i> b. (Middle) <i>SUTTON</i> c. (Last) <i>MARSHALL</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 27, 1953</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Jan. 26, 1888</i>		9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Johnson County, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>James A. Sutton</i>		13b. MOTHER'S MAIDEN NAME <i>Nora Wiley</i>		14. NAME OF HUSBAND OR WIFE <i>James Humphrey Marshall</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>497 14 2623</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Harold Bunnell</i>				ADDRESS <i>Windsor Mo</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Nemia</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Lympho-Sarcoma</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i> <i>3-4 mos</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>2001</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>3-5</i> , 1953 to <i>Mar 27, 1953</i> , that I last saw the deceased alive on <i>Mar 27, 1953</i> and that death occurred at <i>10:00pm.</i> , from the causes and on the date stated above.								
23a. SIGNATURE <i>Claude D. Shuber M.D.</i>				23b. ADDRESS <i>114 N. Main Windsor, Mo.</i>		23c. DATE SIGNED <i>3/29/53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-30-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>		24d. LOCATION (City, town, or county) (State) <i>Warrensburg, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>Mar-30-53</i>		REGISTRAR'S SIGNATURE <i>Florence Adair</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>				ADDRESS <i>Windsor, Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

5420

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.