

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11933

FILED APR 29 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>93</u> <u>185</u>		PRIMARY REG. DIST. NO. <u>5341</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Dade</u> <u>Rural</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Dade, Mo.</u> b. COUNTY <u>29</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Greenfield, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home So. Twp.</u>				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Abigal</u> c. (Last) <u>Marsh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 18, 1866</u>		
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 1 YEAR Days <u>3</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Dade County</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13a. FATHER'S NAME <u>T.M. Bryant</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>John Marsh</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beattie Marsh</u> ADDRESS <u>Southgreenfield, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> <u>any symptom of dementia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b)  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH          <u>n22X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) m.		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 <u>4-10</u> , 19 <u>49</u> , to <u>4-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-18</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. C. L. Weir M.D.</u>				23b. ADDRESS <u>Greenfield Mo</u>		23c. DATE SIGNED <u>4-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsboro, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-21-49</u>		REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L Marsh</u>		ADDRESS <u>Aurora Mo</u>		

RECEIVED

District Health Officer No. 6;

District File Number 449-489

Date Filed 4-28-49

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.....

*Myself*

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Osborn S. Marsh*

Signed.....

Student Embalmer

Licensed Embalmer No. 3817

P. O. Address *Sumner, MD*

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.