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

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43635

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5326 Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- MERAMEC
c. LENGTH OF STAY (in this place): 75 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- MERAMEC
d. STREET ADDRESS (If rural, give location): 3 MILES W. OF STEELVILLE, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): FRANKLIN
c. (Last): MARSH

4. DATE OF DEATH (Month) (Day) (Year): 12-30-49.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 21-1861
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 11, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): OSAGE Co, MISSOURI.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EDWARD J. MARSH
13b. MOTHER'S MAIDEN NAME: VIRGINIA SEAY
14. NAME OF HUSBAND OR WIFE: HILDA MARSH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J. D. MARSH
ADDRESS: STEELVILLE, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Valvular Disease of Heart — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4214

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1939, *to* Dec 30, 1949, *that I last saw the deceased alive on* Dec 28, 1949, *and that death occurred at* 11:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Parker
(Degree or title): MD
23b. ADDRESS: Steelville Mo
23c. DATE SIGNED: 1-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-1-1950
24c. NAME OF CEMETERY OR CREMATORY: STEELVILLE CEM.
24d. LOCATION (City, town, or county) (State): STEELVILLE, MISSOURI.

DATE REC'D BY LOCAL REG.: 2-7-50
REGISTRAR'S SIGNATURE: [illegible] 76
25. FUNERAL DIRECTOR'S SIGNATURE: THOMAS S. HALBERT
ADDRESS: STEELVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2/9/50
District Health Officer No. 5,
District File Number 25094
Date Filed 2/9/50

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 Thomas L. Gaebert
Licensed Embalmer No. 4332
P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.