

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17932

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>178</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> TOWN <u>RURAL St. Francois</u>		c. LENGTH OF STAY (In this place) <u>8Y.; 1M; 17D.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Jewett</u> TOWN <u>Jewett</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>STEWART</u> c. (Last) <u>MARSH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1950</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 6, 1918</u>		9. AGE (In years last birthday) <u>32</u>	10. MONTHS <u>3</u>	11. DAYS <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Madison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Henry Clay Marsh</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Elizabeth Whitener</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, bilateral - - -</u>				<u>Unknown</u>	
				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. <u>Dementia Praecox Psychosis - - - - -</u>								<u>Abt. 10 Yrs.</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>Nov. 9, 1948</u> , to <u>May 10, 1950</u> , that I last saw the deceased alive on <u>May 10, 1950</u> , and that death occurred at <u>5:00 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John R. Bresnahan, M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>			23c. DATE SIGNED <u>Mo. 5-12-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisga</u>		24d. LOCATION (City, town, or county) (State) <u>Zion, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>May 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Ethel R. Rudolph</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson Funeral Home, Fredericktown, Mo.</u> ADDRESS				

RECEIVED

MAY 15 1950

DISTRICT HEALTH OFFICE No. 4

FILE No. 550-698

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed A. Tolson Adams
Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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.