

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23424

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <i>Howe</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Howe</i>	
b. CITY OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>Howe</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <i>R 7 D</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Local Hospital</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Thursey</i> b. (Middle) <i>Marshall</i> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <i>6-18-50</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>6-29-1873</i>
9. AGE (In years last birthday) <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	
11. BIRTHPLACE (State or foreign country) <i>Howe, Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Chas. Marshall</i>		13b. MOTHER'S MAIDEN NAME <i>Ruth</i>	
14. NAME OF HUSBAND OR WIFE <i>Rosa Marshall</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>✓</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Egal Marshall</i>		ADDRESS <i>Howe, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Probable mesenteric thrombosis -</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>no autopsy permitted</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>	
19. DATE OF OPERATION <i>None</i>		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)		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>6-18, 1950</i> to <i>6-18, 1950</i> , that I last saw the deceased alive on <i>6-18, 1950</i> , and that death occurred at <i>2:10 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. B. Stoll, M.D.</i> (Degree or title)		23b. ADDRESS <i>West Plains, Mo</i>	
23c. DATE SIGNED <i>6/23/50</i>			
24a. BURIAL, CREMATION, REINTERMENT (Specify) <i>B</i>		24b. DATE <i>6/21-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Newman Lodge Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Howe, Mo</i>	
DATE REC'D BY LOCAL REG. <i>7-6-50</i>		REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	
FINANCIAL DIRECTOR'S SIGNATURE <i>Robertson</i>		ADDRESS <i>West Plains, Mo</i>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 19 1950

Dist. File 750-832

Date Filed 7-19-50

STATEMENT BY LICENSED EMBALMER

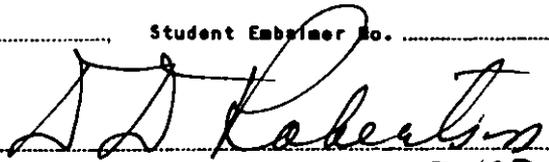
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3437

P. O. Address West Haven

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.