

FILED SEP 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32243

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3022 Registrar's No. 178

0972

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>9 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1351 S. Olson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1351 S. Olson</b>		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>HENRY</b>	
c. (Last) <b>FIELD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 18 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 3, 1876</b>
9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 14 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tenant Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Field</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Woodridge</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs W. H. Field</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-18-6497</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs W. H. Field</b>		ADDRESS <b>Marshall, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>made an investigation Sept. 18, 1951</b> , 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>C. P. Lawless, Coroner, Saline Co. 3</b>		23b. ADDRESS <b>Marshall Mo.</b>	
23c. DATE SIGNED <b>9-19-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sept. 21, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Mem. Gardens</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b>	
DATE REC'D BY LOCAL REG. <b>Sept. 19-1951</b>		REGISTERAR'S SIGNATURE <b>Sidney F. Gray</b> ADDRESS <b>Marshall, Mo.</b>	

**RECEIVED** 9-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-24-51 \_\_\_\_\_

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**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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.