

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31138**

FILED SEP 23 1952

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5324** Registrar's No. **6**

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

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Boone Twsp.)		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Boone Twsp. 0280	
c. LENGTH OF STAY (In this place) 12 years		d. STREET ADDRESS (If rural, give location) Bourbon, Mo. R#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bourbon, Mo. R#2			

3. NAME OF DECEASED a. (First) Willis b. (Middle) Andrew c. (Last) Marshall			4. DATE OF DEATH Sept 18, 1952		
---	--	--	---------------------------------------	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3, 1892	9. AGE (In years last birthday) 60	10. IF UNDER 1 YEAR 7 Months	11. IF UNDER 24 HRS. 15 Hours	12. IF UNDER 24 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	-------------------------------------	--------------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
--	--	---	--	--	--	---	--

13a. FATHER'S NAME Henry Marshall		13b. MOTHER'S MAIDEN NAME Martha Pope		14. NAME OF HUSBAND OR WIFE Clara Birdine Marshall			
--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Marshall, Bourbon, Mo. R#2			
--	--	------------------------------------	--	---	--	--	--

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY ARTERY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH LESS THAN 5 MIN.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY ARTERY ATHEROSCLEROSIS 30+ YRS					
		DUE TO (c)					
		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 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL		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 **SEPT 11, 1952** to **SEPT 17, 1952** that I last saw the deceased alive on **SEPT 17, 1952** and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard T. Walden M.D.		23b. ADDRESS Bourbon, Missouri		23c. DATE SIGNED Sept 18, 1952	
--	--	---------------------------------------	--	---------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/20/52		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Sullivan, Missouri	
---	--	--------------------------	--	--	--	---	--

DATE REC'D. BY LOCAL REG. 9/19/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Sullivan	
--	--	--	--	--	--

NOV 5 1952

OCT 16 1952

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

[Handwritten Signature]

Licensed Embalmer No. 4520

P. O. Address Sullivan, m

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.