

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

DR. MARSHALL
 State File No. **38336**
 Registrar's No. **1013**

0396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 17 1952

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) ?		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY INFIRMARY			d. STREET ADDRESS (If rural, give location) 812 PERSHING		
3. NAME OF DECEASED a. (First) MARY		b. (Middle) E.		c. (Last) MORRIS	
4. DATE OF DEATH (Month) (Day) (Year) NOV. 13, 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL, 11, 1869		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME X		13b. MOTHER'S MAIDEN NAME X	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME MR E. L. SCARLETT		ADDRESS SRPINGFIELD, MO		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) GENERALIZED ARTERIO SCLEROSIS	
19. 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) (Min.)		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 1-26 , 19 51 , to 11-12 , 19 52 ; that I last saw the deceased alive on 11-12 , 19 52 , and that death occurred at 7:30a m., from the causes and on the date stated above.					
23a. SIGNATURE Donald Marshall, M.D. (Degree or title)			23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 11-13-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-15, 52		24c. NAME OF CEMETERY OR CREMATORY EASTMAN CEMETERY	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER		ADDRESS SPRINGFIELD, MISSOURI	
DATE REC'D BY LOCAL REG. 11-14-1952		REGISTRAR'S SIGNATURE Paul Williamson		(Licensed Embalmer's Statement on Reverse Side)	

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 Gene Lohmeyer

Licensed Embalmer No. 4734

P. O. Address Spokane, 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.