S. No. 300
v. 10.48

FILED MAR 12 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6950

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 5

0720 1

1. PLACE OF DEATH
a. COUNTY: New Madrid Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn Mo Rural — Lewis Twp
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lilbourn Rural — Lewis Twp 0720 1
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Jesse
c. (Last): Marsh

4. DATE OF DEATH (Month) (Day) (Year): Feb 2 53

5. SEX: Male
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Feb 24-03
9. AGE (In years last birthday): 8 (If under 1 year: Months / Days; If under 1 hr.: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Lilbourn Mo Rural
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Percy Marsh
13b. MOTHER'S MAIDEN NAME: Mildred Gardner
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Percy Marsh, Lilbourn Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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. 7630

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2, 1953, *to* Feb 2, 1953, *that I last saw the deceased alive on* Feb 2, 1953, *and that death occurred at* 6:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E E Jones M D (Degree or title)
23b. ADDRESS: Lilbourn Mo
23c. DATE SIGNED: Feb 3 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 3 '53
24c. NAME OF CEMETERY OR CREMATORY: Catron Simmons
24d. LOCATION (City, town, or county) (State): ~~New Madrid~~ Catron Mo

DATE REC'D BY LOCAL REG.: 3-5-53
REGISTRAR'S SIGNATURE: 218-P N. L. Gonder Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Friends

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

P. O. Address.....

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.