

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1955

State File No. **4577**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Lawson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Dulman City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1411 N. MAIN Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Catherine</u> c. (Last) <u>MARSHALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 1 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>MAY 1 1866</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Gideon Smith</u>			
13b. MOTHER'S MAIDEN NAME <u>Mildred BASKET</u>		14. NAME OF HUSBAND OR WIFE <u>William R. MARSHALL (dec)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GARNETT MARSHALL Dulman City, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Arterio-sclerosis</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Indefinite	
19a. 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) <u>331 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 Oct. 16, 1954, to Jan 1, 1955, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. H. Cullers M.D.</u>		23b. ADDRESS <u>Trenton - Mo.</u>		23c. DATE SIGNED <u>1-3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN 3 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Piolet Grave No. 1</u>	
24d. LOCATION (City, town, or county) (State) <u>R.F.D. Jamesport, Mo</u>		DATE REC'D BY LOCAL REG. <u>1-3-55</u>			

REGISTRAR'S SIGNATURE <u>Jeanne Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Blackmon Trenton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Cullers.

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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.....  
Signature of Student Embalmer

Signed *Harold L Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Dunwoody*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.