

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013679

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 88 Primary Registration District No. 5326 Registrar's No. 14

Health, Welfare, Public Service

300
1-56

0280
1
No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MERAMEC TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>RURAL (MERAMEC)</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 M.W. OF STEELVILLE</u>			Length of stay in 1b <u>63 YRS</u>			d. STREET ADDRESS (If outside, give location) <u>1 M.W. OF STEELVILLE, MO.</u>		
3. NAME OF DECEASED (Type or print) First <u>JEFFERSON</u> Middle <u>DEWITT</u> Last <u>MARSH</u>				4. DATE OF DEATH <u>APRIL 16-1958</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 3-1894</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTMASTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST OFFICE</u>		11. BIRTHPLACE (City and state or country) <u>STEELVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>JOSEPH F. MARSH</u>				14. MOTHER'S MAIDEN NAME <u>HANEY HALBERT</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>			16. SOCIAL SECURITY NO. <u>499-03-7500</u>		17. INFORMANT <u>DORIS MARSH-STEELVILLE, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute dilatation of heart</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Chronic myocardial insufficiency</u> <u>4 months</u>		
DUE TO (c) <u>4222</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Renal stone with colic.</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>Dec 1948</u> to <u>Apr. 16, 1958</u> and last saw <u>him alive on 4/16/58</u> Death occurred at <u>10:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Thos. S. Halbert M.D.</u>				22b. ADDRESS <u>Steelville Mo</u>		22c. DATES SIGNED <u>4/19/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
<u>BURIAL</u>		<u>4-18-58</u>		<u>STEELVILLE Cem.</u>		<u>STEELVILLE, Mo.</u>		
24. FUNERAL DIRECTOR <u>Thos. S. Halbert</u>			ADDRESS <u>STEELVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/19/58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>	

APR 28 1958

APR 24 1958
MAY 2 1958

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..... *Thomas S. Halber*

Licensed Embalmer No. *43*

P. O. Address *Steelville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.