

FILED MAR 13 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006323
State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	c. LENGTH OF STAY (If in place) Few Min.	c. CITY OR TOWN Chillicothe	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Accident on Hoyt Drive		STREET ADDRESS 56 Third St.	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle)	c. (Last) MARSHALL	4. DATE OF DEATH (Month) (Day) (Year) February 25, 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 17, 1912	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY City of Chillicothe, Mo.	11. BIRTHPLACE (City and State or Foreign Country) Churchill Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Marshall	13b. MOTHER'S MAIDEN NAME Maggie Maness	14. NAME OF HUSBAND OR WIFE Helen English
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 414-07-7686	17. INFORMANT'S SIGNATURE OR NAME Mrs. Baxter Hundley; Chillicothe, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Few Minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		
	ANTECEDENT CAUSES Morbidity 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.		9255 6	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chillicothe Livingston, Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 25 - 59 1:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Dent Caused in while laying saws
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22. I hereby certify that I attended the deceased from None, 1959, to None, 1959, that I last saw the deceased alive on Feb 25, 1959, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE Joseph A. Conrad	(Degree or title) D. Conrad	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED Mar 7-59
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-59	24c. NAME OF CEMETERY OR CREMATORY Utica, Cemetery	24d. LOCATION (City, town, or county) (State) Utica, Missouri
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DATE REC'D BY LOCAL REG. 3-4-59	REGISTRAR'S SIGNATURE Francis B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME: Chillicothe, Mo.	ADDRESS
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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.....
Signature of Student Embalmer

Signed *Elton Norman*.....

Licensed Embalmer No...4036

P. O. Address Chillicothe

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.