

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 30

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0570

2 0570

3

4 0

5 1

6

7 0

8 0

9 163X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 4 1963

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Lincoln</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u> | | Length of stay in 1b <u>3 1/2 Wks</u> | c. CITY OR TOWN <u>Troyouri</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>Lincoln Co. Memorial Hosp.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Monroe St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph James Marsh</u> | | | 4. DATE OF DEATH Month Day Year <u>February 27 1963</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>4/28/1908</u> |
| 9. AGE (last birthday) <u>54</u> | | IF UNDER 1 YEAR Months Days Hours Min. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mortician</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Funeral</u> | | 11. BIRTHPLACE (City and state or country) <u>Triplett, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Clay Marsh</u> | | 13b. MOTHER'S MAIDEN NAME <u>Georgia S. Shipp</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lois Irene Marsh</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>Yes WW 2</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Lois Marsh- Troy, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis of lung.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>7-24-62</u> to <u>2-27-63</u> and last saw him alive on <u>2-27-63</u> Death occurred at <u>1110 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Addison Hanks Do</u> | | 22b. ADDRESS <u>Troy, Mo</u> | 22c. DATE SIGNED <u>2-28-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/3/1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Kemper Marsh Funeral Home</u> | | 25. DATE REGD. BY LOCAL REG <u>2-28-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u> |

Halmer USE BLACK INK OR TYPEWRITER RIBBON

MAR 19 1963

NOV 8 1963

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 _____



Licensed Embalmer No. 4017

P. O. Address Elberry, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.