MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035553
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 132

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED OCT 14 1963

1. PLACE OF DEATH
a. COUNTY Cooper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only). OR TOWN Boonville — Length of stay in 1b: 10 Years

c. CITY OR TOWN Boonville, — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boonville Nursing Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 516 E. Morgan. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Thomas Middle F. Last Marshall

4. DATE OF DEATH Month October Day 8 Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Nov. 23, 1878

9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate

10b. KIND OF BUSINESS OR INDUSTRY Real Estate Agency

11. BIRTHPLACE (City and state or country) Blackwater, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James A. Marshall

13b. MOTHER'S MAIDEN NAME Hanna Scott Miles

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.

17. INFORMANT Willard Marshall, Address Blackwater, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BASAL AND SKIN CELL CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH 1-2 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PRIMARY SITE THE FACE.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2/28/63 to 5/9/63 and last saw her/him alive on 5/9/63
Death occurred at 2:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D.

22b. ADDRESS 329 MAIN STREET, BOONVILLE, MISSOURI

22c. DATE SIGNED 10-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

23b. DATE Oct. 10, 1963

23c. NAME OF CEMETERY OR CREMATORY Elmwood Creamatory

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Goodman & Boller, ADDRESS Boonville, Mo.

25. DATE RECD. BY LOCAL REG. 10/9/63

26. REGISTRAR'S SIGNATURE Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0275		
2	0275		
3			
4	0		
5	0		
6			
7	0		
8	2		
9	9/91.3		
10			
11			
12	86-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.