

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11380

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 6247 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson	c. LENGTH OF STAY (If this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Johnson 1109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural-Washington Co.		d. STREET ADDRESS (If rural, give location) Rural-Washington County.	

3. NAME OF DECEASED (Type or Print)	a. (First) Richard	b. (Middle) Henry	c. (Last) Marshall	4. DATE OF DEATH (Month) (Day) (Year) March 8, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 8	IF UNDER 12 HRS. Min. 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Marshall	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE Martha Jane Marshall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willis A. Marshall, Bourbon, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12 days 481 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Plus Chest Congestion DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Johnson, Washington, Mo
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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?
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22. I hereby certify that I attended the deceased from Feb 26, 1951, to March 8, 1951, that I last saw the deceased alive on March 8, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Royce M.D.	23b. ADDRESS Sullivan, Mo	23c. DATE SIGNED Mar 9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-10-1951	24c. NAME OF CEMETERY OR CREMATORY Bryant Cemetery	24d. LOCATION (City, town, or county) (State) Washington, County, Mo.
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DATE REC'D BY LOCAL REG. 3/14-51	REGISTRAR'S SIGNATURE [Signature]	339	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Sheffer Sullivan, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
1100

RECEIVED

MAR 21 1951

WASH. COUNTY HEALTH DEPT.

File No.

251-75

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Allen C. McQueen

Signed.....

Student Embalmer

Licensed Embalmer No. *4543*

P. O. Address *Sullivan, 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 this body is not embalmed, fact should be so stated above.