

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33436**

FILED OCT 23 1956

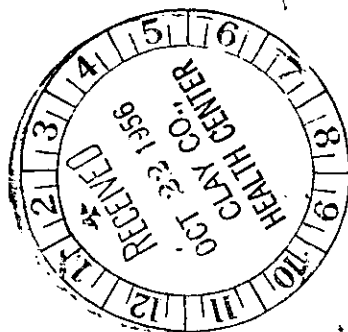
BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>95</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MONAHAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Mo. Rural 2 Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>CALIFORNIA Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Odd fellows. Home.</u>				e. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) <u>Estelle</u>		a. (First)		b. (Middle)		c. (Last) <u>MARSHALL</u>	
4. DATE OF DEATH		(Month) <u>Oct</u>		(Day) <u>18</u>		(Year) <u>1956</u>	
5. SEX <u>7</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 22-1865</u>	
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>DR. Joseph GRAY</u>		13b. MOTHER'S MAIDEN NAME <u>Hester Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Richard J. Marshall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hester Kutz 2400 Swift</u>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>  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. <u>Arteriosclerosis</u> <u>Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>56</u> to <u>Oct 18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>56</u> and that death occurred at <u>10:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Goodson</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>9/18/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>10/21/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomer's Sons</u>		24d. LOCATION (City, town, or county) (State) <u>1331 Bushwick R.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-20-56</u>		REGISTRAR'S SIGNATURE <u>Nabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>832 Anytown Road</u>			

(Licensed Embalmer's Statement on Reverse Side)

N-K-C.

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

DR.  
Goodson



### 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.....

*John Walsbeek*

Licensed Embalmer No. 4949.

P. O. Address No. Kansas

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.