

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8850
973

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
c. LENGTH OF STAY (in this place) 32 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, MISSOURI		d. STREET ADDRESS (If rural, give location) 5601 TRACY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5601 TRACY				3818			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) FRANCES	b. (Middle) MARKILLIE	c. (Last) MARKILLIE	Month MARCH	Day 1	Year 1950	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 29, 1866	
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JESSE ESTES		13b. MOTHER'S MAIDEN NAME PRISCILLA MORRIS		14. NAME OF HUSBAND OR WIFE MARTIN L. MARKILLIE	
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 LOLA MARKILLIE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. MEDICAL CERTIFICATION				19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) gen. ant. Sclerosis DUE TO (c) Essential Hypertens.				20. AUTOPSY? 6 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stokes - Adams Syndrome				21. HOW DID INJURY OCCUR? 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 28 Nov, 1949 to 28 Feb, 1950 that I last saw the deceased alive on 28 Feb, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Myers (Degree or title)				23b. ADDRESS 1025 Quetta Bldg		23c. DATE SIGNED 2 Mar 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-3-50		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG. 3-2-50		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten signature/initials on the right margin.

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 _____
Student Embalmer

Signed L. J. Allen

Licensed Embalmer No. 1410

P. O. Address 2 E. 1st

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.