

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24568

State File No. 3283
Registrar's No.

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 9 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5007 OLIVE		d. STREET ADDRESS (If rural, give location) 5007 OLIVE	

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3. NAME OF DECEASED (Type or Print) a. (First) OLIVIA b. (Middle) ANNE c. (Last) MARKS			4. DATE OF DEATH (Month) (Day) (Year) JULY 19 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 16 NOV. 1886		9. AGE (In years last birthday) (Specify) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES		10b. KIND OF BUSINESS OR INDUSTRY GIFT SHOP	11. BIRTHPLACE (City and State or Foreign Country) LEWISTOWN, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN THOMAS GLAVES	13b. MOTHER'S MAIDEN NAME MARTHA F. ENGLISH	14. NAME OF HUSBAND OR WIFE CLARENCE W. MARKS	
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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. 489-16-2557	17. INFORMANT'S SIGNATURE OR NAME MARTHA TAUFFEST			ADDRESS 5007 OLIVE K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy				INTERVAL BETWEEN ONSET AND DEATH Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 April 25, 1940, to July 19, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE Harold A. Pallett, M.D.	23b. ADDRESS 1132 Prof. Blvd. K.C. Mo.	23c. DATE SIGNED 7/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 21 JULY 52	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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DATE REC'D BY LOCAL REG. 7-21-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE FLORAL HILLS MEMORIAL CHAPELS K.C.M.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

For Ballott

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 *Ray C. McLeod* _____

Licensed Embalmer No. 4853

P. O. Address R. C. 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.