No. 300
10.48

8-25-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28179

State File No.

FILED AUG 25 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3590

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Jefferson X/50
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Falls 8
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Louise
c. (Last): Marks

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10, 1952

5. SEX: Female /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-25-93

9. AGE (In years last birthday): 58 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Greenwood County, Kansas /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jason L. McDowell

13b. MOTHER'S MAIDEN NAME: Florence Wilson

14. NAME OF HUSBAND OR WIFE: Joseph M. Marks

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.: none

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. P. L. Lonnecker, Merriam, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Cachexia, anemia,	3 mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) generalized Carcinomatosis	1 year
	DUE TO (c) Recurrent Carcinoma	2
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Sigmoid Colon	15 3X

19a. DATE OF OPERATION: 1945

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Sigmoid Colon

20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Pathologist, *to* _____, *19*____, *that I last saw the deceased alive on* 8-10, *19*52, *and that death occurred at* 11:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE W. R. Mc Phee (Degree or Title) M.D.
W. R. McPhee

23b. ADDRESS Research Hospital 2900 Holmes K.C. Mo.

23c. DATE SIGNED 8/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 8-11-52

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Valley Falls, Kansas

DATE REC'D BY LOCAL REG.: 8-11-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Mellody-McGilley-Eylar, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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. 448

working under my personal supervision.

Student Arthur E. Hook
Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.