

STANDARD CERTIFICATE OF DEATH

State File No. **24992**  
Registrar's No. **3461**

FILED JUL 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>36 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>4919 Troost</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warwick N.H. 3621 Warwick</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MRS. MARY</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>MARSHALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1953</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 28, 1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Moniteau, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>J. C. Coss</b>		13b. MOTHER'S MAIDEN NAME <b>Evaline Foster</b>		14. NAME OF HUSBAND OR WIFE <b>Benjamin P. Marshall, France</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-18-3057</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>B. C. Marshall, General Motors France, 56 Louis Roche, Gennevilliers, Seine, 77</b>	

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) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Interstitial Nephritis 3 years</b> DUE TO (c) <b>Arteriosclerosis 10 yrs.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fractured Right Hip with open drainage</b>		<b>33 mos.</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 May 27, 1953 to July 10, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR  
**Geraldine Smith M.D.**

23b. ADDRESS  
**1103 Grand**

23c. DATE SIGNED  
**7/11/53**

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

24b. DATE  
**July 13, 1953**

24c. NAME OF CEMETERY OR CREMATORY  
**-**

24d. LOCATION (City, town, or county) (State)  
**Lexington, Missouri**

DATE REC'D BY LOCAL REG.  
**7-11-53**

REGISTRAR'S SIGNATURE  
**Geraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE  
**STINE & McCLURE UND. CO.**

ADDRESS  
**K.C., MO.**

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

Dr. Florence MacInnes

618 Prof. Bldg.  
V: 0840

From 10 to 1 this morning

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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 F. S. Wallan.....

Licensed Embalmer No. 2744.....

P. O. Address K.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.