

5. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25345

State File No.

FILED AUG 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> (<u>Rural Burialings</u>)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAUREL HEIGHTS</u>		c. CITY OR TOWN <u>LAUREL HEIGHTS</u>	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) <u>1 YEAR</u>		e. STREET ADDRESS (If rural, give location) <u>9007 East 69th Street</u> (<u>Rural Burialings</u>)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9007 East 69th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAM</u> b. (Middle) <u>MARCHANT</u> c. (Last) <u>MARCHANT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 1, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>January 17, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10. USUAL OCCUPATION (Give kind of work) <u>MGR. SPECIAL EQUIPMENT DEPT.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Koch Butchers Sup.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edgerton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ROBERT A. MARCHANT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BURNAN</u>	14. NAME OF HUSBAND OR WIFE <u>Margrete B. Marchant</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-01-0095</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margrete B. Marchant</u> ADDRESS <u>9007 E. 69th St.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pan. Hepatitis</u>		<u>6 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.V. Accidents</u>		<u>3 yrs.</u>
DUE TO (c) <u>Generalized Arterial Sclerosis</u>		<u>20 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 6/22, 1953, to 8-1, 1953 that I last saw the deceased alive on 7/24, 1953 and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Raytown, Mo</u>	23c. DATE SIGNED <u>8/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-3-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. 418

P. O. Address 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.