

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43059**
6093

FILED JAN 14 1954

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

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>50 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2610 Olive Avenue</u> <u>3398</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruben</u> b. (Middle) _____ c. (Last) <u>Marshall</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>24</u> (Year) <u>1953</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>Colored</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			
8. DATE OF BIRTH <u>Nov. 28, 1899</u> 9. AGE (In years last birthday) <u>54</u> 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) <u>Laborer</u> 10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co., Missouri</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ruben Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Annie</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>493-14-8559</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Randolph</u> ADDRESS <u>2610 Olive</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18. INTERVAL BETWEEN ONSET AND DEATH <u>584X</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis with Cholelithiasis.</u>			
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) _____ (Minute) _____ 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 <u>11-10-53</u> , 19____, to <u>12-24-53</u> , 19____, that I last saw the deceased alive on <u>12-24-53</u> , 19____, and that death occurred at <u>3:05 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>12-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>			
24d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Smith Watkins</u> ADDRESS <u>18 S. Benton</u>					
DATE REC'D BY LOCAL REG. <u>12-28-53</u>		REGISTRAR'S SIGNATURE _____					

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..... *Bruce L. Perkins*

Licensed Embalmer No. *4500*.....

P. O. Address *18th & Beaton*.....

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.