

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1428

State File No.

348

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 2002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Trego	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Collyer
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) R.F.D. Collyer, Kansas 81508			
3. NAME OF DECEASED (Type or Print) a. (First) ARCHIBALD b. (Middle) LE ROY c. (Last) MARSHALL		4. DATE OF DEATH (Month) (Day) (Year) 1 20 54	
5. SEX 0 Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-31-1875
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work) Rancher & Farmer	11. BIRTHPLACE (City and State or Foreign Country) Iowa
10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. Marshall		13b. MOTHER'S MAIDEN NAME Susan Tade	14. NAME OF HUSBAND OR WIFE Julia Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathryn Robinson, Colo. Spgs, Col.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism INTERVAL BETWEEN ONSET AND DEATH 0 ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis 3 days DUE TO (c) arteriosclerotic cardio-vascular disease 20+ years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis 4221	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) (Min.)	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 11 Jan , 1954, to 20 Jan , 1954, that I last saw the deceased alive on 20 Jan , 1954, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Warren F. Wilhelm, M.D.		23b. ADDRESS 107 W. Linwood Blvd, KC Mo	23c. DATE SIGNED 1-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-21-54	24c. NAME OF CEMETERY OR CREMATORY Wakeeney Cemetery	24d. LOCATION (City, town, or county) (State) Wakeeney, Kansas
DATE REC'D BY LOCAL REG. 1-22-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	ADDRESS K.C. Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

REC'D
MAR 23 1954

APR 2 1954

REC'D SEP 1 1954

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 *Alvin R. Haun*.....

Licensed Embalmer No. *419*.....

P. O. Address *K. E.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.