

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23070**  
**3037**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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. LENGTH OF STAY (in this place) <b>34 yrs</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"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>				f. STREET ADDRESS (If rural, give location) <b>7004 Bellefontaine</b>				<b>3880</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b>			b. (Middle) <b>J.</b>		c. (Last) <b>Marks</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 30 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 6, 1882</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Signal Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>K. C. Term. Ry.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Topeka, Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ferdinand Marks</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Oberst</b>			14. NAME OF HUSBAND OR WIFE <b>Mattie May Marks</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>703-03-9259</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lyle D. Perkins, 7004 Bellfontaine K.C. Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Larynx W/ extension into cervical soft tissues. Bronchopneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH	
				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.				<b>161X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 <u>June 16, 1954</u> to <u>June 30, 1954</u> , that I last saw the deceased alive on <u>June 30, 1954</u> , and that death occurred at <u>8:35P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>7-1-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-2-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Topeka Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Topeka, Kansas</b>			
DATE REC'D BY LOCAL REG. <b>7-2-54</b>		REGISTRAR'S SIGNATURE <b>Sereldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster Funeral Home, K.C. Mo.</b>		ADDRESS			

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.....  
*Dean Owens*

Licensed Embalmer No. *428*

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.