

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26325
3827

State File No. _____

FILED SEP 14 1955

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 46 yr d. FULL NAME OF HOSPITAL OR INSTITUTION 6204 Park St		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson c. CITY OR TOWN Kansas City 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) 6204 Park	
3. NAME OF DECEASED a. (First) Margaret b. (Middle) Louise c. (Last) Marshall (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Aug 29 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 25 1886
9. AGE (In years last birthday) 66		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Blandinville Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Hainline	
13b. MOTHER'S MAIDEN NAME Elizabeth Logan		14. NAME OF HUSBAND OR WIFE Grundy Marshall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 494-12-5634	17. INFORMANT'S SIGNATURE OR NAME Ernest Marshall
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		17. ADDRESS 6204 Park K.C. Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) bilateral nephrosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 6 months 4200	
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 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) 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>June</u> , 19 <u>52</u> , to <u>Aug 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 28</u> , 19 <u>55</u> , and that death occurred at <u>1:50 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE B. Goldblatt (Degree or title) M.D.		23b. ADDRESS 307 Huron Bldg. K.C.K.	23c. DATE SIGNED 8-30-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 31 Aug 55	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Kansas City	24d. LOCATION (City, town, or county) (State) Jackson Mo.
DATE REC'D BY LOCAL REG. 8-31-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Floral Hills Mem Chapel Kansas City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
D. Ross Blanford

Licensed Embalmer No.
401

P. O. Address.....
K.C.M.

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.