

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16483**
2050

FILED MAY 23 1956

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

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write BORAY, and give OR TOWN Kansas City) | | 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"/> |
| c. LENGTH OF STAY (in this place) about 8 yrs | | 14. STREET ADDRESS (If rural, give location) 1019 E 12th 31480 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 E 12th apt 29 | | | |

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|---|--|-------------|--------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) Charles E. Marklin | | | 4. DATE OF DEATH 5-9-56 | | |
| a. (First) | | b. (Middle) | c. (Last) | | |

| | | | | | | | | |
|--------------------|-------------------------------|--|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Dec 18 1902 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|--|-------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

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|---|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rigger | | 10b. KIND OF BUSINESS OR INDUSTRY Steel Contractor | | 11. BIRTHPLACE (City and State or Foreign Country) Perth Amboy N.J. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|---|--|--|--|--|--|

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|---|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME Marklin | | 13b. MOTHER'S MAIDEN NAME Mary Vasquez | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 040-01-0516 | | 17. INFORMANT'S SIGNATURE OR NAME Marklin ADDRESS Perth Amboy N.J. | | | |

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|--|--|-----------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown | | | | | | | |

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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 **Part Refused**

20. AUTOPSY? YES NO

| | | | | | |
|---|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2 | | 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) _____ | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---------------------------------|--|
| 23a. SIGNATURE Hugh H. Owens (Degree of title) 3 | | 23b. ADDRESS 1034 Pinalto Valley | | 23c. DATE SIGNED 5-11-56 | |
|--|--|---|--|---------------------------------|--|

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|--|--|--------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5/11/56 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Perth Amboy N.J. | |
|--|--|--------------------------|--|--|--|---|--|

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 5-11-56 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Sidman Mortuary Service ADDRESS _____ | |
|---|--|--|--|---|--|

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

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 *Peter B. Leggett*.....

Licensed Embalmer No. *42*.....

P. O. Address *L.C. Mc*.....

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.