

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23851**
2746

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2746</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>13 921 Cherry St. 3133</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>			b. (Middle) <u>B.</u>		c. (Last) <u>MARSHALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-56</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>2-13-1906</u>		9. AGE (In years last birthday) <u>45</u> 50 Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>PORT OKLA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>EDWARD KING McCARTY</u>			13b. MOTHER'S MAIDEN NAME <u>ROSE ANNA MCGAUGHEY</u>			14. NAME OF HUSBAND OR WIFE <u>GLADNEY MARSHALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GLADNEY MARSHALL SAME</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix</u>						<u>4 years</u>	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.						<u>171X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____		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>Feb 1952</u> to <u>21 June, 1956</u> that I last saw the deceased alive on <u>21 June, 1956</u> and that death occurred at <u>7:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jean B. Willoughby M.D.</u>				23b. ADDRESS <u>5905 Main KC Mo</u>			23c. DATE SIGNED <u>22 June 56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>6-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Guyton, OKLA</u>			
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>		ADDRESS <u>KC Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Jean B. Willoughby M.D.

KS DEC-28 1960

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 *John R. Sidman*.....

Licensed Embalmer No. *453*.....

P. O. Address *15 C 7th*.....

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.