

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27032**  
Registrar's No. **3340**

FILED AUG 29 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3340

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. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>52 yrs.</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>239 East 74th Street</u>		e. STREET ADDRESS (If rural, give location) <u>91 239 E. 74th Street</u> <u>3818</u>	

3. NAME OF DECEASED (Type or Print) <u>Grizzella</u>	a. (First) <u>Mac</u>	b. (Middle) <u>Marvin</u>	c. (Last) <u>Marvin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July - 30 - 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 23, 1878</u>	9. AGE (in years last birthday) <u>78</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Concord Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Joseph H. Dague</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Young</u>	14. NAME OF HUSBAND OR WIFE <u>Robert A. Marvin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Russell Griffing</u> ADDRESS <u>738 E. 74th Street K.C. Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis coronaria</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>174x</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca. Intermes</u> DUE TO (c) <u>Asites Edmund J left</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>by</u>		

19a. DATE OF OPERATION <u>7/26/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Curtesy - lots of exploratory</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7/2, 1956 to July 28, 1956 that I last saw the deceased alive on 7/29, 1956 and that death occurred at 2:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delon A. Williams</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>806 P. of Blodg.</u>	23c. DATE SIGNED <u>7/30/56</u>
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>AUG-1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLATHE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OLATHE KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>8-1-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUNN CREEK KANSAS CITY, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Benton S. Duffett.

239 E. 74th - St.

K-C-14, no.

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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 *Robert Ray*

Licensed Embalmer No. *4182*

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.