

Health,  
Welfare  
Public  
Service

300  
-56

ALL  
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27107

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3628

|   |                                  |   |  |  |   |  |
|---|----------------------------------|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>KANSAS CITY</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      | c. CITY<br>OR<br>TOWN <b>KANSAS CITY</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>ST. JOSEPH HOSPITAL</b>  |                                  | Length of stay in lb<br><b>50 YEARS</b>   | d. STREET<br>ADDRESS <b>4131 TROOST AVE.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>MARLEY</b> Middle <b>E.</b> Last <b>RECTOR</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>AUGUST</b> Day <b>17</b> Year <b>1956</b>   |  |   |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>White</b> | MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>        | 8. DATE OF BIRTH<br><b>MAY 20, 1882</b>  | 9. AGE (In years last birthday)<br><b>73</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>TELEPHONE COMPANY</b>                             | 11. BIRTHPLACE (City and state or country)<br><b>WASHINGTON, KANSAS</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>JESSIE W. RECTOR</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>EDITH L. RICE</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>+86-03-8042</b>   | 17. INFORMANT<br>Address<br><b>JAMES G. RECTOR, LINCOLN, NEBRASKA</b>  |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Left Ventricular Failure</b>  |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |  | DUE TO (b) <b>Coronary Atherosclerosis</b>  |  |
|   |                                  |   |  |  | DUE TO (c)  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |   |  |
| 20c. TIME OF INJURY<br>Hour a. m. p. m.   |                                  |   |  |  |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>8-6-56</b> to <b>8-17-56</b> and last saw him alive on <b>8-17-56</b><br>Death occurred at <b>3:25 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |  |
| 22a. SIGNATURE<br><b>M. Ketchum</b>   |                                  |   | 22b. ADDRESS<br><b>KC MO</b>   |  | 22c. DATE SIGNED<br><b>8/18/56</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   |                                  | 23b. DATE<br><b>AUG. 18, 1956</b>   | 23c. NAME OF CEMETERY OR CREMATORY   |  | 23d. LOCATION (City, town, or county) (State)<br><b>WASHINGTON KANSAS</b>                         |  |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMERS SONS</b>  |                                  |   | ADDRESS<br><b>1331 BRUSH CREEK BLVD K.C. MO.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>8-18-56</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

---

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.....  
*Rollie Kessel*

Licensed Embalmer No. *469*

P. O. Address..... *K. C. V.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.