

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41618

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5586

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)			
a. COUNTY <u>Jackson</u>				a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Hyde Park Nursing home</u>		Length of stay in lb <u>2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>4460 Cambridge</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First <u>Wm.</u> Middle <u>Alfred</u> Last <u>Marsee</u>			Dec. 24, 1956				
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M.</u>	<u>W.</u>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Mar. 8, 1865</u>	<u>91</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Contractor</u>		11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Joseph Marsee</u>				14. MOTHER'S MAIDEN NAME <u>Katherine Smith</u>			
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 <u>SON</u> Address <u>K.C. Kan.</u> <u>Mr. Glenn Marsee, 4460 Cambridge</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Complete Heart Block</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Coronary Insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary Insufficiency</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>10 yrs.</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED 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 <u>Sept. 1952</u> to <u>Dec. 24, 1956</u> and last saw her alive on <u>Sept 10, 1956</u> Death occurred at <u>11:40 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Frank A. O'Connell M.D.</u>				22b. ADDRESS <u>7951 State Line Kemo</u>		22c. DATE SIGNED <u>12/25/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>12-26-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Johnson County, Kansas</u>	
24. FUNERAL DIRECTOR <u>Gates Funeral Home, K.C. Kan.</u>			25. DATE RECD. BY LOCAL REG. <u>12-25-56</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

Ink, all other public use  
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56  
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  
Frank A. O'Connell

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank L'homme  
off. 7951 State Line -  
Res. 3610 West 53 - SA

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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 em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph O. Gouhl*.....

Licensed Embalmer No. *509*

P. O. Address *K. C. Kan.*

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.