

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36001**
4526

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4526</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>KANSAS</u>		b. COUNTY <u>THOMAS</u>			
b. CITY OR TOWN <u>KANSAS CITY, Mo.</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY OR TOWN <u>Colby</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>265 North Mission</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>GEORGE</u>	b. (Middle) <u>T.</u>	c. (Last) <u>MARSHALL</u>	(Month) <u>9</u>	(Day) <u>29</u>	(Year) <u>57</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-10-81</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR	11. UNDER 1 MONTH	12. UNDER 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED TYR. EXECUTIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PAPER MILL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE MARSHALL</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE TRUESDELL</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EDNA D. MARSHALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>511-01-7413</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOSEPHINE MARSHALL BARRY</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of Lung, Multiple</u>				<u>3 wks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>2 yrs.</u>	
		DUE TO (b) <u>Arteriosclerotic Heart Disease with Auricular Fibrillation and Congestive Failure</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>4200</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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>9-12</u> , 19 <u>57</u> , to <u>9-29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>57</u> , and that death occurred at <u>6:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold W. Voth, M.D.</u>		(Degree or title) <u>D.</u>		23b. ADDRESS <u>201 N. 3rd St. Colby, Mo.</u>		23c. DATE SIGNED <u>9-30-57</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify)		24b. DATE <u>SEPT 30 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BEULAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>COLBY KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>9-30-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>		ADDRESS <u>1331 BRUSH CORNER KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harold W. Voth

2010/10/14
1:00 - 4:00
2010/10/14 - 5:15



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
Student Embalmer

Signed Chester K Brewer

Licensed Embalmer No. 4931

P. O. Address KE 100

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 this body is not embalmed, fact should be so stated above.