

Health,
& Welfare
Public
Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018366
STATE FILE NUMBER
2249
Registrar's No.

FILED MAY 23 1958 Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hos.		Length of stay in lb 55 yrs.	d. STREET ADDRESS (If outside, give location) 1133 East 77th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mrs. Agnes Marsh			4. DATE OF DEATH Month Day Year May 2, 1958
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18-1864
9. AGE (In years) 94 (birthdays)		IF 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) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm. G. Ritchie	
13b. MOTHER'S MAIDEN NAME Elizabeth Waldie		14. NAME OF HUSBAND OR WIFE August W. Marsh, dec.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Lois Armstrong 1133 E 77th St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 332⁺
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 8:40 AM 5-2-58 to 5-2-58 and last saw her alive on 5-2-58 Death occurred at 8:40 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert K. Skillman M.D. (Degree or title)		22b. ADDRESS 4635 Wyandotte, P.C. Mo.	22c. DATE SIGNED 5-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-4-1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Gaylord, Kansas
24. FUNERAL DIRECTOR Stine & McClure Undertaking Co. KC. Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 5-3-58	26. REGISTRAR'S SIGNATURE Reva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Robert K. Skillman

All diseases in Part I must be causally related. No symptoms will be listed.



8-12-01 SAT

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 *Eugene L. ...*

Licensed Embalmer No. *K633*
P. O. Address *F. E. ...*

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.