

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044275

STATE FILE NUMBER

FILED JAN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6048

300
1-57

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 DECEASED (If in hospital, give hospital name) HOSPITAL OR INSTITUTION: 1441 Indep. Ave.		Length of stay in lb: 40 yrs.	d. STREET ADDRESS (If outside, give location): 652 Park Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First: Harley Middle: M. Last: Marshall			4. DATE OF DEATH Month: 12 Day: 20 Year: 1958		
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5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH: 2-7-1879	9. AGE (In years) 79 IF UNDER 1 YEAR: Months: Days: Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done in regular working life, even if retired): Barber	10b. KIND OF BUSINESS OR OCCUPATION: Barber Shop	11. BIRTHPLACE (City and state or country): Putman County, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
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13a. FATHER'S NAME: Frank Marshall	13b. MOTHER'S MAIDEN NAME: Lou Rice	14. NAME OF HUSBAND OR WIFE: None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT Address: Wichita, Kan. Mrs. Walter Edison; 1652 N. Sabin
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia		INTERVAL BETWEEN ONSET AND DEATH acute acute 10 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Congestion	
	DUE TO (c) Carcinoma Lung	
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 <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.)
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20c. TIME OF INJURY Hour: 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
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21. I attended the deceased from 1954 to death and last saw him alive on Dec 18-58 Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE: S I Whim (Deceased or title)	22b. ADDRESS: 326 W 12	22c. DATE SIGNED: 12-22-58
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23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 12-23-1958	23c. NAME OF CEMETERY OR CREMATORY: Lucerne Cemetery	23d. LOCATION (City, town, or county) (State): Lucerne, Missouri
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24. FUNERAL DIRECTOR ADDRESS: Weilert Funeral Homes; K.C., Mo.	25. DATE RECD. BY LOCAL REG.: 12-22-58	26. REGISTRAR'S SIGNATURE: neve minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. I. Whim

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *B. E. Weibert*

Licensed Embalmer No. *4075*

P. O. Address *K.C. 8, 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.