

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013428

STATE FILE NUMBER
1854

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1854

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **1319 Olive St.** Length of stay in 1b **50 yrs.**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY OR TOWN **Kansas City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1319 Olive St.** Reside on Farm Yes No

3. NAME OF DECEASED First **Louis** Middle **Marshall** Last
4. DATE OF DEATH Month **April** Day **10** Year **1959**

5. SEX **Male** 6. COLOR OR RACE **Col.** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **Nov. 6, 1902** 9. AGE (In years last birthday) **57-56** 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) **Janitor** 10b. KIND OF BUSINESS OR INDUSTRY **apt. Bldg.** 11. BIRTHPLACE (City and state or country) **Rosedale, Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **George Shelton Marshall** 13b. MOTHER'S MAIDEN NAME **Tina Moore** 14. NAME OF HUSBAND OR WIFE **Sophia Marshall**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or branch of service) **NO - V.S. W. - I** 16. SOCIAL SECURITY NO. **492-14-9804** 17. INFORMANT Address **Mrs. Sophia Marshall, 1319 Olive 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) **Shock**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Intra cranial Hemorrhage**
DUE TO (c) **Arteriosclerosis**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **9000**

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **fell down steps** 21
20c. TIME OF INJURY Hour **5:30** Month, Day, Year **4/10/1959**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **1319 Olive** 20f. CITY, TOWN, OR LOCATION **Kansas City, Jackson, MO** COUNTY STATE

21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE **L. M. Tillman, M.D.** 21b. ADDRESS **1618 Lydia Ave.** 21c. DATE SIGNED **4/10/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4/13/59** 23c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 23d. LOCATION (City, town, or county) (State) **Ft Leavenworth, Kansas**

24. FUNERAL DIRECTOR **Badeau, Appleton & Jones, K.C., Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **4-13-59** 26. REGISTRAR'S SIGNATURE **Neva Minshall**

All diseases in Part I must be causally related.

L. M. Tillman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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

Student
Signature of Student Embalmer

Signed *Cornelio G. Galvez Bala*

Licensed Embalmer No. *4944*
P. O. Address *K. C. 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.