

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029198**

FILED VS AUG 21 1959 *149*

Registration District No. *1002* Primary Registration District No. *1002* Registrar's No. *3827*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <i>6 1/2 yrs.</i>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3050 Harrison</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Willis</b> Middle <b>Marshall</b> Last <b>Marshall</b>			4. DATE OF DEATH Month <b>8</b> Day <b>6</b> Year <b>59</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>MAR. 2, 1872</b>	9. AGE (last birthday) <b>87 YRS.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATING ENGINEER RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LEAVENWORTH KANS.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>FRANK. W. MARSHALL</b>		13b. MOTHER'S MAIDEN NAME <b>EUPHONIA SYFIRT</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>495 10 2164</b>	17. INFORMANT <b>KENNETH WATERMAN</b> Address <b>505 Forest</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pending Autopsy carcinoma of prostate with wide spread metastasis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
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 <i>7-29-59</i> to <i>8-6-59</i> and last saw <sup>DECEASED</sup> alive on <i>8-6-59</i> Death occurred at <i>9:25 A.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>Abraham Gelperin</i>			22b. ADDRESS <b>2400 Cherry</b>		22c. DATE SIGNED <b>8 7 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUG 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>memorial park CEM</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>		
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS K. C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-7-59</b>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

DOCUMENT

BY AFFIDAVIT OF Abraham Gelperin M. D. MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman W. Sherson

Licensed Embalmer No. 4889

P. O. Address D. C., Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.