RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032476

FILED VS SEP 23 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4278

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 70 years.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital
Inside Limits Yes ☒ No ☐

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) 4423 Genesee
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Joseph Middle Last MARX

4. DATE OF DEATH Month Sept. Day 1 Year 1959

5. SEX Male
6. COLOR OR RACE Caus
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH March 17 1878
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist
10b. KIND OF BUSINESS OR INDUSTRY Manufacturing
11. BIRTHPLACE (City and state or country) Eudora, Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph MARX
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE MARY MARX (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-05-7429A
17. INFORMANT Miss Wilhelmine MARX Address 4423 Genesee

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs
DUE TO (c) Atherosclerosis — 15 yrs

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. ☐ Yes ☐ No ☐ Unknown

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug 26, 1959 to Sept 1 1959 and last saw him alive on Sept 1, 1959
Death occurred at 11:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank A. O'Connell MD (Degree or title)
22b. ADDRESS 7951 State Line KCMO
22c. DATE SIGNED 9/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 4, 1959
23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cemetery
23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6700 Troost
25. DATE RECD. BY LOCAL REG. 9-2-59
26. REGISTRAR'S SIGNATURE Neva Minchall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank A. O'Connell

7951

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_____ Signed R. E. Nichols

Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Mo

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