

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6290 - 59-046813 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North City Mo.</u>		Length of stay in 1b <u>20 yrs</u>	c. CITY OR TOWN <u>Farmville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General #1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1208 Woodland</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Marshall</u> Last <u>Marshall</u>			4. DATE OF DEATH Month <u>12</u> Day <u>29</u> Year <u>1959</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1904</u>	9. AGE (last birthday) <u>55 yrs</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	IF UNDER 24 HR Hours <u>12</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Line Bluff, Ark U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ed Macco (D)</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie</u>	13c. NAME OF HUSBAND OR WIFE <u>Fred Marshall</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Fred Marshall 1208 Woodland Apt 12</u>

18. CAUSE OF DEATH (Enter only one cause by line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Endometrium</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 _____ s.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 <u>2400 Perry City</u>	COUNTY <u>Kans. City, Kans.</u>	STATE
21. I attended the deceased from <u>Oct. 22, 1959</u> to <u>Dec 29, 1959</u> and last saw her <u>alive on Dec 29, 1959</u> Death occurred at <u>5:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>H Sawyer</u> (Degree or title)	22b. ADDRESS <u>2400 Perry City</u>	22c. DATE SIGNED <u>12/31/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Westlawn</u>
23d. LOCATION (City, town, or county) <u>Kans. City, Kans.</u>	24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th & Benton</u>	25. DATE RECD. BY LOCAL REG. <u>12-31-59</u>
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Sawyer

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 Bruce R. Walker

Licensed Embalmer No. 4500

P. O. Address 18th & Ben

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.