

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030684

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4207 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City	a. STATE Missouri	b. COUNTY Jackson
Length of stay in 1b 20 YEARS		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Luke's Hospital		d. STREET ADDRESS 4555 Main Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First NINA	Middle D.	Last MARSHALL	4. DATE OF DEATH	Month August	Day 12	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/6/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY DELUX CHECK PRINTERS, INC.	11. BIRTHPLACE (City and state or country) UNKNOWN Nebraska	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME ALEX SNOW	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OF DECEASED RUSSELL MARSHALL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-24-8257	17. INFORMANT Sarah Britts, 700 W. 47th Street, K.C. Missouri
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) Acute coronary occlusion	
DUE TO (c) Arteriosclerotic Heart Disease.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced osteoarthritis - both hip joints.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 10-16-50 to 8-12-60 and last saw her/him alive on 8-11-60 Death occurred at 11:02 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title)	22b. ADDRESS M.D., 411 Nichols Road, K.C. Mo.	22c. DATE SIGNED 8-13-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUGUST 16, 1960	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	(State)
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 8-16-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
John H. Wheeler

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. M

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