

# PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034900

FILED VS. OCT 14 1960 149

4909

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City,</b>	Length of stay in lb <b>3 yrs.</b>	c. CITY OR TOWN <b>Kansas City,</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1010 Troost Avenue</b>		d. STREET ADDRESS (If outside, give location) <b>1010 Troost Avenue</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>James</b> Middle <b>McKinley</b> Last <b>Marlow</b>			<b>4. DATE OF DEATH</b> Month <b>September</b> Day <b>28</b> Year <b>1960</b>				
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11-15-1900</b>	<b>9. AGE (last birthday)</b> <b>59</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Construction</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Lewisville, Ark.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>William H. Marlow</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Deliah Overstreet</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sylvia Marlow</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b> <b>500-10-6307</b>		<b>17. INFORMANT</b> Address <b>Sylvia Marlow, K. C. Mo.</b>			

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Insufficiency</b> DUE TO (b) <b>Coronary Artery Disease.</b> DUE TO (c) <b>Atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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	
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		<b>20f. CITY, TOWN, OR LOCATION</b> 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.

<b>22a. SIGNATURE</b> (Deputy Registrar) <i>M. Tillman</i>		<b>22b. ADDRESS</b> <b>1618 Lydia Ave</b>	
<b>22c. DATE SIGNED</b> <b>9/29/60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>23b. DATE</b> <b>10-3-60</b>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Blue Ridge Lawn Cem.</b>		<b>23d. LOCATION (City, town, or county)</b> <b>Kansas City, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Mrs. Meek's Mortuary, K. C. Mo.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>9-29-60</b>	
		<b>26. REGISTRAR'S SIGNATURE</b> <i>H-L. Dwyer</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. Tillman

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Myllard B Paske

Licensed Embalmer No. 501

P. O. Address A. C.

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