

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5543 -60-042143

FILED VS NOV 23 1960

149

5543

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay-in-1b 71 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4906 BELL STREET		d. STREET ADDRESS (If outside, give location) 4906 BELL STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mae Middle Marmaduke Last Marmaduke	4. DATE OF DEATH Month NOVEMBER Day 1 Year 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker - HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) MERCER, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. / A.
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13a. FATHER'S NAME JAMES JONES	13b. MOTHER'S MAIDEN NAME ANNE BELL	14. NAME OF HUSBAND OR WIFE SHERMAN MARMADUKE
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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. 491-40-8732	17. INFORMANT R. C. JONES	Address 3702 CLEVELAND AVENUE KANSAS CITY, 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 5 1/2 years
IMMEDIATE CAUSE (a) Cerebral Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral athero sclerosis		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Heart Disease, Hypertension, Stroke left 59	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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 _____ 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
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21. I attended the deceased from **Nov 1955** to **Nov 60** and last saw her **live** on **27 July 60**
Death occurred at **5:10 A.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B Willoughby (Degree or title ML)	22b. ADDRESS 3905 Main KC 13 MO	22c. DATE SIGNED 11/20/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 3, 1960	23c. NAME OF CEMETERY OR CREMATOR Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 11-3-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION B. Willoughby

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 Basil V. Howard

Licensed Embalmer No. H724

P. O. Address N.C. 7

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.