

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042145

FILED VS DEC 12 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5901 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>Missouri</u> b. COUNTY <u>JACKSON</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>4 mo.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hosp.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>2718 NORTON</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>-</u> Last <u>Marshall</u> | | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>22</u> Year <u>1960</u> | | | | | |
| 5. SEX <u>male</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"/> <u>Separated</u> | | 8. DATE OF BIRTH <u>1/1/1906</u> | | 9. AGE (last birthday) <u>54 yr.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Excelsior Springs, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Thaddeus Marshall</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elmira Smith</u> | | | 14. NAME OF HUSBAND OR WIFE <u>unknown</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>491-01-8673</u> | | 17. INFORMANT <u>Hucille Elliott (sister) 2718 Norton</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</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 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 _____ 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 | |
| 21. I attended the deceased from <u>7-16-58</u> to <u>11-22-60</u> and last saw ^{her} him alive on <u>11-22-60</u> Death occurred at <u>10:35</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Edward P. Altomare M.D.</u> | | | | 22b. ADDRESS <u>H.C. + B. Hoop</u> | | | | 22c. DATE SIGNED <u>11-23-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>11-23-60</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Excelsior Springs, Mo.</u> | | | 23d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>Richard Turner</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>11-23-60</u> | | 26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u> | | | |

DOCUMENT

BY AFFIDAVIT OF Edward P. Altomare M.D.

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

Ralph VanLandingham

Licensed Embalmer No. *4009*

P. O. Address *6100 Greenwood Springs*

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.