

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008978

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1259 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b few hrs.
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JACKSON
c. CITY OR TOWN Raytown Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 9703 E 68th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lester Middle W. Last MARVIN 4. DATE OF DEATH Month 3 Day 9 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Aug. 6, 1912 9. AGE (last birthday) 48 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed 10b. KIND OF BUSINESS OR INDUSTRY RETAIL 11. BIRTHPLACE (City and state or country) Leon, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Clyde E. MARVIN 13b. MOTHER'S MAIDEN NAME Adda Waddell 14. NAME OF HUSBAND OR WIFE Ruth J. MARVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes W.W. 2 16. SOCIAL SECURITY NO. W.W. 2 17. INFORMANT Ruth J. Marvin Address 9703 E 68th St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart myocardial infarction
DUE TO (b) There was any thrombosis
DUE TO (c) _____
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) Previous coronary occlusion in Jan. '61
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 3-9-61 to 3-9-61 and last saw her/him alive on Mar. 9 1961
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. M. Amos, M.D. (Degree or title) 22b. ADDRESS Raytown Clinic - Raytown Mo. 22c. DATE SIGNED 3-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-11-1961 23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS 23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.

24. FUNERAL DIRECTOR HINTON FUNERAL HOME ADDRESS Raytown, Mo. 25. DATE RECD. BY LOCAL REG. 3-10-61 26. REGISTRAR'S SIGNATURE Ruth Long

1520

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 John R. Silman
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.