ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-013864-
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 0002 Registrar's No. 1879

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI — Length of stay in 1b: 29 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO. — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN GASHLAND, MO. — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 8732 N Grand — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: LYLE P. Middle: Last: MARSHALL
4. DATE OF DEATH Month: APRIL Day: 15 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-91
9. AGE (last birthday): 70 — 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): FARMER RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): KEOKUK, IOWA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOE MARSHALL
13b. MOTHER'S MAIDEN NAME: MARGUERITE PERKINS
14. NAME OF ~~HUSBAND~~ OR WIFE: LOUISE N MARSHALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 9/19/17 to 7/11/18
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA HOSPITAL RECORDS — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTRA-CEREBRAL HEMORRAHAGE — 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 3-7-61 to 4-15-61 and last saw him alive on
Death occurred at 9:40 PM 4-15-61 m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Patrick McCann (Degree or title) M.D.
22b. ADDRESS VA Hospital K. C. Mo.
22c. DATE SIGNED 4-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 4-19-1961
23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM.
23d. LOCATION (City, town, or county) LEAVENWORTH, (State) KS.
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS ADDRESS N.K.C.
25. DATE RECD. BY LOCAL REG. 4-17-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF Patrick McCann DOCUMENT

YS · MAY 8 1961

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 W Kalsbeek

Licensed Embalmer No. 4949

P. O. Address No 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.