

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020182
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 83

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 13 1961

1. PLACE OF DEATH
a. COUNTY **Vernon**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Washington Township** Length of stay in 1b **9 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Hosp. # 3** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Jackson Co.**
c. CITY OR TOWN **Kansas City** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **1222 Montgall Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Gerald** Middle **A.** Last **Marshall** 4. DATE OF DEATH Month **June** Day **6** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-15-08** 9. AGE (last birthday) **52** 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) **Punch Press Operator** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (City and state or country) **Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas F. Marshall** 13b. MOTHER'S MAIDEN NAME **Lenora Langley** 14. NAME OF HUSBAND OR WIFE **Marion E. Marshall**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT **Records** Address **State Hospital # 3, Nevada, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Generalized Arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **Years**
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) **Syphilitic Meningo-encephalitis.** 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 **1-17-52** to **6-6-61** and last saw ^{her}him alive on **6-6-61**
Death occurred at **9:05 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **F. L. Martin, M.D.** 22b. ADDRESS **St. Hosp. # 3, Nevada, Mo.** 22c. DATE SIGNED **6-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/6/61** 23c. NAME OF CEMETERY OR CREMATORY **Maple Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Kansas**

24. FUNERAL DIRECTOR **Gates F. H. Kansas City, Kansas.** ADDRESS _____ 25. DATE RECD. BY LOCAL REG. **June 10-1961** 26. REGISTRAR'S SIGNATURE **Anna E. Jerry**

JUN 14 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  _____

Licensed Embalmer No. 4853

P. O. Address Meriden, Mo.

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.