

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-025352

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3452

STATE FILE NUMBER

FILED JUL 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri	b. COUNTY Jackson
Length of stay in lb 14 Years		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS 1112 Ewing	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First VERA	Middle MARKS	Last MARKS	4. DATE OF DEATH	Month July	Day 8,	Year 1961
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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 5/8/1903	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	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) Banking	10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (City and state or country) Oregon County, Missouri	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Marion Barton	13b. MOTHER'S MAIDEN NAME Nora Lee Johnson	14. NAME OF HUSBAND OR WIFE George H. Marks
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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	17. INFORMANT Address Mr. George H. Marks Kansas City, Mo.
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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
IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis & Legionnaires</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Thrombosis of middle cerebral artery (left)</i>	
	DUE TO (c) <i>9 weeks pneumonia.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>atherosclerosis</i>		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 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
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 6-29-61 to 7-8-61 and last saw her/him alive on 9-7-61
Death occurred at 5:03 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or file) <i>James A. Di Renzo M.D.</i>	22b. ADDRESS 819 Walnut	22c. DATE SIGNED 7/19/61
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE July 11, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Muehlebach Funeral Home	ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 7-10-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
JAMES A. DI RENZO
ITEM NO. SHOULD READ

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 Dale L. Martin
Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Shawnee, Kansas

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.