

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4059 - 51-029177
STATE FILE NUMBER

Primary Registration District No. 1002 Registrar's No. 4059

AMENDED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 13 YRS.		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 ST. MARYS HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2410 E. 70TH TERR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last FRED V. MARSHALL SR.				4. DATE OF DEATH Month Day Year AUG. 14, 1961									
5. SEX MALE		6. COLOR OR RACE CAUC.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-15-1916		9. AGE (last birthday) 45 44		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER PET STORE				10b. KIND OF BUSINESS OR INDUSTRY PETERS SERUM		11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME FRED MARSHALL				13b. MOTHER'S MAIDEN NAME HAGAN				14. NAME OF HUSBAND OR WIFE DORIS MARSHALL					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. II						17. INFORMANT Address DORIS MARSHALL 2410 E. 70TH TERR. KANSAS CITY, MO.							
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) Massive upper g. I. hemorrhage													
DUE TO (b) Cirrhosis of the liver													
DUE TO (c) Post-operative - Portal Caval Shunt													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Esophageal varix										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.)					
20c. TIME OF INJURY Hour e.m. p.m.		Month, Day, Year											
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					
21. I attended the deceased from June 30, 50 and last saw him alive on Aug 14, 61 Death occurred at St. Marys Hospital on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Merwin J. Rumbold M.D.						22b. ADDRESS Blago Lino Bldg. Kansas City Mo.			22c. DATE SIGNED Aug 15, 61				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8-16-1961		23c. NAME OF CEMETERY OR CREMATORY OVERBROOK CEMETERY		23d. LOCATION (City, town, or county). OVERBROOK, KANSAS							
24. FUNERAL DIRECTOR D. W. NEWCOMERS SONS, KANSAS CITY MO				ADDRESS 1331 BRUSH CREEK BLVD		25. DATE RECD. BY LOCAL REG. 8-15-61		26. REGISTRAR'S SIGNATURE Ruth Long					

DATE AMENDED
8-18-61

INSTEAD OF
9-15-1915

ITEM NO. SHOULD READ
849 9-15-1916 44 yrs

DOCUMENTARY STATEMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF MERWIN J. RUMBOLD

STATEMENT BY LICENSED EMBALMER

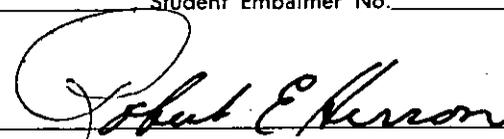
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 2309

P. O. Address H. C. S.

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.