

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12357

1499

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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, write RURAL and give township) OR TOWN KANSAS CITY 15 th St. 15th St.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION KCTR HOSPITAL				d. STREET ADDRESS (If rural, give location) 6627 E. 12th ST. KAN. MO.			
3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) Mildred c. (Last) MARLING			4. DATE OF DEATH (Month) (Day) (Year) 4-4-49				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 12, 1915		9. AGE (In years last birthday) 33	10. MONTHS 4	11. DAYS 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chilhowee, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANKLIN LEROY		13b. MOTHER'S MAIDEN NAME HOWARD NORA		14. NAME OF HUSBAND OR WIFE SIMON C. MARLING			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Simon Marling 6627 E 12 th St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan-3, 1949, to 4-4, 1949, that I last saw the deceased alive on 4-4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE G. K. Landis MD (Degree or title) G. K. Landis, M.D.				23b. ADDRESS H. C. T. B. Hosp.		23c. DATE SIGNED 4-4-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-5-49	24c. NAME OF CEMETERY OR CREMATORY Mineral Creek		24d. LOCATION (City, town, or county) (State) Leston Mo.		
DATE REC'D BY LOCAL REG. 4-4-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil H. C. Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed.....

John P. Shul

Licensed Embalmer No. 3625

P. O. Address K 6 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 this body is not embalmed, fact should be so stated above.