

THE DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1007** Registrar's No. **2875**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>Sedgewick</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>Wichita</b>	
c. LENGTH OF STAY (in this place) <b>1 mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>ST MARYS HOSP</b>			
e. STREET ADDRESS (If rural, give location) <b>8156 g</b>			

3. NAME OF DECEASED (Type or Print) <b>John</b>		a. (First) <b>John</b>		b. (Middle) <b>MARKS</b>		c. (Last) <b>MARKS</b>		4. DATE OF DEATH (Month) <b>7</b> (Day) <b>5</b> (Year) <b>55</b>	
5. SEX <b>0</b> <b>MALE</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>3-8-1888</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Used Car Dealer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Denver Colo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>TOM MARIS</b>		13b. MOTHER'S MAIDEN NAME <b>Chechy Costello</b>		14. NAME OF HUSBAND OR WIFE <b>MARY Lee MARKS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>558-16-2877</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George MARKS</b>	
				ADDRESS <b>Wichita Kan</b>	

18. CAUSE OF DEATH PER line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial infarct</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
		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.		<b>4201</b>	

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 **7-5** 19**55**, to **7-5**, 19**55**, that I last saw the deceased alive on **7-5**, 19**55**, and that death occurred at **8:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.D. Bennett</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>409 E 63rd KC MO</b>		23c. DATE SIGNED <b>7/6/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-9-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND PARK</b>	
				24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KAN</b>	
DATE REC'D BY LOCAL REG. <b>7-6-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JOHN P. Sheil</b> ADDRESS <b>KANSAS CITY MO.</b>	

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.....  
Signature of Student Embalmer

Signed *Thomas A. Sheil*.....

Licensed Embalmer No. *495*

P. O. Address *J.C.M.*

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.