MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-025353
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3664

FILED AUG 8 1961

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
4	July 20, 1961	July 21, 1961	8-3-61
14 & 17	Dimple Marshall	Dimple V. Marshall	8-3-61

BY AFFIDAVIT OF Funeral Director DOCUMENT —

P. J. O'Connell

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 1 Mon.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kans.
b. COUNTY: ~~Wyn.~~ Wyandotte
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2106 West 41st
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle LEROY Last MARSHALL
4. DATE OF DEATH: Month July Day ~~21~~ 20, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-7-1891
9. AGE (last birthday): 70
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): Scout Master
10b. KIND OF BUSINESS OR INDUSTRY: Scouting
11. BIRTHPLACE (City and state or country): Rosedale, Kans.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John E. Marshall
13b. MOTHER'S MAIDEN NAME: Cora A. Pitts
14. NAME OF HUSBAND OR WIFE: Dimple ~~Dimple~~ V. Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1
17. INFORMANT: Dimple ~~Dimple~~ Address: Marshall, 2106 West 41st.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis. — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Primary Carcinoma of Rectum — 1 year
DUE TO (c): Carcinoma of liver — 6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 6/12-61, to 7/20-61 and last saw ~~him~~ him alive on 7/20-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): P. J. O'Connell M.D.
22b. ADDRESS: 4178 Cambridge K.C. Ks
22c. DATE SIGNED: 7/21-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-22-1961
23c. NAME OF CEMETERY OR CREMATORY: Olathe Cemetery
23d. LOCATION (City, town, or county) (State): Olathe, Kansas
24. FUNERAL DIRECTOR ADDRESS: GATES Funeral Home, K.C. Kans.
25. DATE RECD. BY LOCAL REG.: 7-22-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Parkville, 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.