

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006800  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300  
Rev. 4/59

1  
2 8/30  
3  
4 1  
5 2  
6  
7 1  
8 1  
9 1930  
10  
11  
12 66-0  
13

DATE AMENDED  
2/27/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Brain tumor

DOCUMENT

BY AFFIDAVIT OF attending physician

Robert W. Forsyng

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

18a Brain tumor glioma--malignant

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 709  
**FILED FEB 18 1963**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in 1b 13 days  
 c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Kansas b. COUNTY Atchison  
 c. CITY OR TOWN Atchison Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1105 Commercial Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Velda Middle E. Last Marlatt 4. DATE OF DEATH Month Feb. Day 1 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-16-97 9. AGE (last birthday) 65 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Goff Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Cox 13b. MOTHER'S MAIDEN NAME Eva Mae Ashton 14. NAME OF HUSBAND OR WIFE Lester Marlatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Milton Marlatt K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Brain tumor - Glioma - Malignant INTERVAL BETWEEN ONSET AND DEATH ?  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 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 1-19-63 to 2-1-63 and last saw her/him alive on 2-1-63  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Forsyng M.D. (Degree or title) 22b. ADDRESS 4320 Central Rd. K.C., Mo. 22c. DATE SIGNED 2/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-4-63 23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery 23d. LOCATION (City, town, or county) (State) Atchison CO. Kansas

24. FUNERAL DIRECTOR Stanton Mortuary ADDRESS Atchison 25. DATE RECD. BY LOCAL REG. 2-2-63 26. REGISTRAR'S SIGNATURE [Signature]

