MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016175

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2507 STATE FILE NUMBER

FILED MAY 13 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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: 48 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LUKE'S HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4325 HOLMES STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ORA Middle P Last MARSHALL
4. DATE OF DEATH: Month APRIL Day 28 Year 1963
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: WIDOWED
8. DATE OF BIRTH: 2-28-1876
9. AGE (last birthday): 87 YRS. — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): JOPLIN, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: MATTHEW T. MILLER
13b. MOTHER'S MAIDEN NAME: REBECCA KELLEY
14. NAME OF HUSBAND OR WIFE: W. H. MARSHALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi[illegible]
16. SOCIAL SECURITY NO.:
17. INFORMANT: EDMUND M. MARSHALL, Address: KANSAS CITY, MO 4325 HOLMES ST

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebro-Vascular thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture Rt. Femur. — 9 days
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 1962, to 4-28-63 and last saw her/him alive on 4-27-63.
Death occurred at 12:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. W. Robinson MD
22b. ADDRESS: 4320 Warwick
22c. DATE SIGNED: 4-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: APRIL 30 1963
23c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY
23d. LOCATION (City, town, or county) (State): JOPLIN MISSOURI

24. FUNERAL DIRECTOR: DW. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK BLVD. KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 4-29-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

Dr. Arthur M. Robinson
Suite # 208 - 4320 Normall Road
1:30-6:30

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_____ Signed Chester K Brown
Signature of Student Embalmer

Licensed Embalmer No. Y931

P. O. Address KC 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.