

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5320

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		c. LENGTH OF STAY (In this place) 30 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
		d. STREET ADDRESS (If rural, give location) 1201 Garfield Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) BERNETTA	b. (Middle)	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 17 1950
-------------------------------------	----------------------------	-------------	-------------------------	---

5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DECEMBER 23 1887	9. AGE (In years less birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
----------------------	-------------------------------	---	--	---	------------------------	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LITTLE ROCK, ARKANSAS /	12. CITIZEN OF WHAT COUNTRY? U. S.
--	-----------------------------------	--	---

13a. FATHER'S NAME SCOTT WILLIAMS	13b. MOTHER'S MAIDEN NAME LOU	14. NAME OF HUSBAND OR WIFE RICHARD MARTIN
--	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME RICHARD MARTIN ADDRESS 1201 Garfield; Apt. 39
--	-----------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RECENT LAPARECTOMY INCARCERATED UMBILICAL HIRNIA (OMENTUM)		INTERVAL BETWEEN ONSET AND DEATH
	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 CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. MISSENTERY SMALL, INTESTINAL HEMORRHAGE (MILD) PULMONARY CONGESTION & EDEMA		56/2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 12-14, 1950, to 12-17, 1950, that I last saw the deceased alive on 12-17, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis, MD (Degree or title)	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 12-18-50
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/21/50	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. 12-21-50	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Cross ADDRESS 1739 Lydia
--	---	---

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L. Jerome Marlowe

Licensed Embalmer No. *3994*

Signed.....
Student Embalmer

P. O. Address *3503 Highland*

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.