

U.S. No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40874

State File No. 5435
Registrar's No. 5435

FILED JAN 13 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) Kansas City c. LENGTH OF STAY (In this place) 4 months

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hosp.

d. STREET ADDRESS (If rural, give location) 2831 Madison

3. NAME OF DECEASED
a. (First) REFUGIO b. (Middle) MARTINEZ c. (Last) MARTINEZ

4. DATE OF DEATH (Month) (Day) (Year) 12 24 50

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** 7-4-1885

9. AGE (In years last birthday) 65 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Sanitor

10b. KIND OF BUSINESS OR INDUSTRY GUSTIN-Bacon **11. BIRTHPLACE** (State or foreign country) MEXICO **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME ALVINO MARTINEZ **13b. MOTHER'S MAIDEN NAME** DAMIMANA SALAZAR **14. NAME OF HUSBAND OR WIFE** CLARA MARTINEZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** 492-14-3905 **17. INFORMANT'S SIGNATURE OR NAME** CLARA MARTINEZ **ADDRESS** 2831 MADISON

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, asthenia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach

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.
Heart failure due to unmarked anemia

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 12-5-1950 **to** 12-24, 1950, **that I last saw the deceased alive on** 12-24, 1950, **and that death occurred at** 4 a. m., **from the causes and on the date stated above.**

23a. SIGNATURE Nicolas Jaime MD **23b. ADDRESS** 4050 Broadway **23c. DATE SIGNED** 12-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 12/27/50 **24c. NAME OF CEMETERY OR CREMATORY** St. Mary's Cemetery **24d. LOCATION** (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 12-26-50 **REGISTRAR'S SIGNATURE** Meraldine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE** John P. Shiel **ADDRESS** R.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4050
W 2-55-27
after 10:00 am

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

John P. Heil

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K.C. 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 this body is not embalmed, fact should be so stated above.