

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12690
1539
Registrar's No.

BIRTH NO. 22131-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Atchison	
c. LENGTH OF STAY (in this place) 8 hours		d. STREET ADDRESS (If rural, give location) 2846 Forest Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Janet b. (Middle) Ruth c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) April 7th 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (INFANT)	8. DATE OF BIRTH April 6, 1951
9. AGE (in years last birthday) 0 Months 0 Days 0 Hours 8 Min.		9. AGE (in years last birthday) 0 Months 0 Days 0 Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ralph Martin		13b. MOTHER'S MAIDEN NAME Theon Eloyce Spaun	
14. NAME OF HUSBAND OR WIFE - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Ralph Martin, Atchison, Kansas.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital bowel defect		INTERVAL BETWEEN ONSET AND DEATH Prenatal	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) abscess & eversion in thoracic duct	
DUE TO (c) toxic plaques		DUE TO (c) toxic plaques	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Lived 8 Hrs. 7562	
19a. DATE OF OPERATION 4-6-51		19b. MAJOR FINDINGS OF OPERATION Complete small bowel defect, thin, translucent	
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)		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 <u>4-6</u> , 19 <u>51</u> , to <u>4-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>51</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE A. B. Sinclair Jr. (Degree or title) MD		23b. ADDRESS 4-711 Central	
23c. DATE SIGNED 4-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-9-51	
24c. NAME OF CEMETERY OR CREMATORY Mount Vernon Cemetery		24d. LOCATION (City, town, or county) (State) Atchison, Kansas	
DATE REC'D BY LOCAL REG 4-9-51		REGISTRAR'S SIGNATURE Staldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

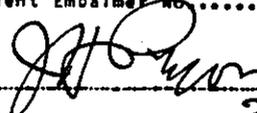
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....
Student Embalmer

Licensed Embalmer No. 2289

P. O. Address KS

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.