

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24786

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5589 Registrar's No. 301

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 town) Rural (Brooking)		c. CITY (If outside corporate limits, write RURAL and give township) Raytown	
c. LENGTH OF STAY (If in this place) 12 Years		d. STREET ADDRESS (If rural, give location) 10118 East 65 Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Noland Road & Hy #50			

3. NAME OF DECEASED (Type or Print) a. (First) Patricia	b. (Middle) Ann	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) Jul. 4, 1952
---	------------------------	-------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 30, 1937	9. AGE (In years last birthday) 15 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Days 4 Hours Min.
-------------------------	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) Independence, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	---

13a. FATHER'S NAME Lige R. Martin	13b. MOTHER'S MAIDEN NAME Leola Smith	14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXXXX
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO. XXXXXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lige R Martin, Raytown, Mo.
---	---	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fractured rib, fractured skull, fractured jaw		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 numerous abrasions		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 8104 26			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION History + Inspection	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Co. Missouri
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-4-52-6 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile - Car
--	--	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur M. Owens, M.D.	23b. ADDRESS 1036 Riata Blvd	23c. DATE SIGNED 7-6-52
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jul. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	24d. LOCATION (City, town, or county) (State) Jackson County, Mo.
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE James H. Craig	359	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Regent Raytown, Mo.
---	--	-----	--

(Licensed Embalmer's Statement on Reverse Side)

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

0480

0480

AUG 4 REC'D

2657 9 5001

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
Student Embalmer

Signed *Clark Fegert*.....

Licensed Embalmer No. *3983*.....

P. O. Address. *Raytown, 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.