

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>	
c. LENGTH OF STAY (in this place) <u>174-1177 100</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>B.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 21-1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>March 9, 1885</u>			9. AGE (In years last birthday) <u>67.</u>		IF UNDER 1 YEAR Months <u>11.</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>R.G. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Leonora Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Danna Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herbert B. Martin</u> ADDRESS <u>Higginsville Mo</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilitic meningencephalitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Syphilis</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>025X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 14, 1953, to Feb 21, 1953, that I last saw the deceased alive on Feb 21, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Josiah Thomas</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Joseph Mo. of State Hospital No. 2</u>		23c. DATE SIGNED <u>2/22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>23 Feb-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 25, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapel</u> ADDRESS <u>Kansas City Mo.</u>	

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 NOT _____

working under my personal supervision.

Student Embalmer No.

Signed

Lloyd E. McLeod

Licensed Embalmer No. 4853

Signed.....
Student Embalmer

P. O. Address J. C. Mc

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.