

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RFD. Parkville</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles East</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Marten</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 14-53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 21, 1876</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>23</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>General</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waldron mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U</u>	

13a. FATHER'S NAME <u>Samuel A Marten</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Hinnie Meyers. Deceased 1932</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-03-3576</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Charles Bennett</u> ADDRESS <u>Parkville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
		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. <u>Pulmonary Emphysema</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 April 1952, to 14 March 1953, that I last saw the deceased alive on 14 March 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clara F. Fisher MD</u>		23b. ADDRESS <u>2025 E. 1st St. Ke Mo</u>		23c. DATE SIGNED <u>3-16-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkville Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Parkville mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 19-53</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u> <u>257-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u> ADDRESS <u>Parkville mo</u>	

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

30
20-20 Swifts
N.C.S.

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 Lebud G. Francis

Licensed Embalmer No. 9457

P. O. Address Parkville, 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.