No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 587

BIRTH NO. FILED FEB 11 1954 REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 414

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

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY NORTH
c. LENGTH OF STAY (in this place) 12 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5108 NORTH CYPRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CLAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY NORTH
d. STREET ADDRESS (If rural, give location) 5108 NORTH CYPRESS 5088

3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) SALLY c. (Last) MARTIN
4. DATE OF DEATH (Month) (Day) (Year) JANUARY 23 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JANUARY 21, 1911
9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and State or Foreign Country) MIDDLETOWN OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ORVILLE KILBURN
13b. MOTHER'S MAIDEN NAME ESTHER HANEY
14. NAME OF HUSBAND OR ~~WIFE~~ JOHN F. MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 300-15-0188
17. INFORMANT'S SIGNATURE OR NAME JOHN F. MARTIN ADDRESS 5108 NORTH CYPRESS KANSAS CITY NORTH 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma caecum with multiple metastasis — INTERVAL BETWEEN ONSET AND DEATH: Oct 52 / 15 mo.

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. 153X

19a. DATE OF OPERATION Nov 10, 1952
19b. MAJOR FINDINGS OF OPERATION Ca. caecum c̄ metastasis to liver. Orbital Leukotomy
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1953
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1952, to Jan 23, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 8:55 P m., from the causes and on the date stated above.

23a. SIGNATURE A. M. Ziegler (Degree or title) A. M. Ziegler M.D.
23b. ADDRESS 330 W 47 St. KC Mo
23c. DATE SIGNED 1-25-54

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL
24b. DATE JAN 26 1954
24c. NAME OF CEMETERY OR ~~CREMATORY~~ WHITE CHAPEL MEM. GARDENS
24d. LOCATION (City, town, or county) (State) NORTH KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 1-26-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons ADDRESS 932 ARMOUR ROAD NORTH 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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.