

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4954

State File No. \_\_\_\_\_

404

No. 300  
10-48

FILED FEB 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clay Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) (township) <u>5 MONTHS</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3621 WARWICK</u>				STREET ADDRESS (If rural, give location) <u>303 E. 27th. 6001</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u>		b. (Middle)		c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER</u>	8. DATE OF BIRTH <u>MAY 13 1872</u>	9. AGE (In years last birthday) <u>82</u>	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) <u>EMP. OCCIDENTAL Bldg + Loan Co</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>GEORGE W. MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>CORNELIA RICHMOND</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>505-07-6888</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. Cleo Lloyd 305 E 27th N.K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>  ANTECEDENT CAUSES Morbidity 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>4200</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)		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>Jan 15</u> , 19 <u>54</u> , to <u>Jan 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>55</u> , and that death occurred at <u>10:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. Hodge</u> (Degree or title) <u>MD MD</u>				23b. ADDRESS <u>329 Armer Red Hill Mo</u>		23c. DATE SIGNED <u>1-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>		24d. LOCATION (City, town, or county) (State) <u>EXCELSION SPRINGS MO</u>		
DATE REC'D BY LOCAL REG. <u>1-28-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer Son N.K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MISSISSIPPI  
FEB 23 1953

APR 12 1953

FEB 18 1953

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.....  
Signature of Student Embalmer

Signed *Glen H. Hill*

Licensed Embalmer No. *458*

P. O. Address *N. C. 16, 2*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.