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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23195

State File No. ....

FILED AUG 1 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5-96-9 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural--Fair Twn.</b>		c. LENGTH OF STAY (in this place) township) _____		c. CITY OR TOWN <b>Platte City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		f. STREET ADDRESS (If rural, give location) <b>Fair Township</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Katie</b>	b. (Middle) <b>Mae</b>	c. (Last) <b>Martin</b>	(Month) <b>July</b>	(Day) <b>21</b>	(Year) <b>1955</b>

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Oct. 21, 1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Platte Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>John S. Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Eliz. Sharp</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank D. Martin</b>	ADDRESS <b>Platte City, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMONIA (virus type)</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>XXXXX</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>XXXXXXX</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic cystitis &amp; nyelitis</b>		5 yrs.	

19a. DATE OF OPERATION <b>XXX</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>XXXXX</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>XXXX</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Weston Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XXXXXX</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XXXXXXX</b>

22. I hereby certify that I attended the deceased from July 20, 1955, to July 21, 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 12-30 pm., from the causes and on the date stated above.

23a. SIGNATURE <b>Lewis C. Calvin</b> (Degree or title) _____	23b. ADDRESS <b>Weston Missouri</b>	23c. DATE SIGNED <b>7/22/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-22-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Judy Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan Co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 23, 1955</b>	REGISTRAR'S SIGNATURE <b>Ruthia Robbins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vaughn Funeral Home</b>	ADDRESS <b>Weston, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. P. Vaughn*.....

Licensed Embalmer No. *402*

P. O. Address *Wester*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.