No. 300
10-48

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1539

BIRTH NO. 88884-55 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 27

0

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place) 7 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indep. San. & Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Indep.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1207 W 24 th st. 700 5 0

3. NAME OF DECEASED (Type or Print) a. (First) Martin Dean b. (Middle) Van Kirk c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan 14, 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 0
8. DATE OF BIRTH NOv 25 L955
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 1/2 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY ############
11. BIRTHPLACE (City and State or Foreign Country) Independence Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Doney Van Kirk
13b. MOTHER'S MAIDEN NAME Faye Martin
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME Mr D Van Kirk ADDRESS Indep. 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) Tracheobronchitis — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Spina Bifida + Myelomeningocele. — Life
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 751X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Spina Bifida with Myelomeningocele
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 25, 1955, *to* Jan 14, 1956, *that I last saw the deceased alive on* Jan 13, 1956, *and that death occurred at* 12:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Seymour J. Kranson M.D.
23b. ADDRESS 1210 So. Ash, Independence, Mo
23c. DATE SIGNED Jan 16, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 16 Jan 56
24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) Independence Mo.

DATE REC'D BY LOCAL REG. 1-16-56
REGISTRAR'S SIGNATURE James Kraus 35¼
25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell ADDRESS Indep Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Kranson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jason T. Whit

Licensed Embalmer No. 492

P. O. Address In Dep

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