

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH13182  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1489</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> -- b. COUNTY <u>CAMDEN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>CAMDENTON</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>RESEARCH HOSPITAL</u>				K. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARTIN<sup>(s)</sup> FREDERICK →</u>		b. (Middle)		c. (Last) <u>CASHNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL-4-1956</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUG-4-1904</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (What kind of work done during last 12 months or during life, if retired) <u>HAIR STYLIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEAUTY SALON</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LIMA, OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PETE CASHNER</u>		13b. MOTHER'S MAIDEN NAME <u>BREIDWEISER</u>		14. NAME OF HUSBAND-OR WIFE <u>MRS. MARTHA CASHNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>486-10-1104</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. MARTHA CASHNER CAMDENTON, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Duodenum</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>5 days</u> <u>5411</u>	
19a. DATE OF OPERATION <u>4-2-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive Peritonitis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>4-1</u> , 19 <u>56</u> , to <u>4-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-3</u> , 19 <u>56</u> , and that death occurred at <u>7:15 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Cummins</u> (Degree or title) <u>Walter Cummins MD</u>				23b. ADDRESS <u>1612 Prof Bldg.</u>		23c. DATE SIGNED <u>4-5-56</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL-6-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC MEMORIAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEBANON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-6-56</u>		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O.W. Newcombs Sons 1331 BRUNN CREEK KANSAS CITY MO.</u>			

(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.....  
*Edward M. Stone*

Licensed Embalmer No. *44*

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