

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16487

State File No.

FILED MAY 17 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1822

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Wyandotte

b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 1 week

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

e. STREET ADDRESS (If rural, give location) 3824 Booth (length of res. 45 years)

3. NAME OF DECEASED
a. (First) Hannah E. b. (Middle) Martin c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year)
April 28, 1956

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH Aug. 27, 1880

9. AGE (In years last birthday) 75

IF UNDER 1 YEAR Months 0 Days 1 IF UNDER 1 HRS. Hours 0 Min. 0

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) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hippman

13b. MOTHER'S MAIDEN NAME Sarah Martin

14. NAME OF HUSBAND OR WIFE Smith, Giles Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry E. Riley, 2006 Oak, K.C. Kan.

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) Coronary Thrombosis
ANTECEDENT CAUSES
DUE TO (b) Arteriosclerosis
DUE TO (c) Atherosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 week
2 mo.
2 mo
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 4-22, 1956, to 4-29, 1956, that I last saw the deceased alive on 4-29, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE M. F. Sewell (Degree or title) MD

23b. ADDRESS 1722 W 39 K.C. Mo

23c. DATE SIGNED 4-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE May 1, 1956

24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 4-30-56 REGISTRAR'S SIGNATURE Neval Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home, Kansas City, Kan.

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 *Joseph M. M. "C" Carthy*

Licensed Embalmer No. *4694*

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.