

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 30857
Registrar's No. 3886

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived, if Institution residence before admission) a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 5 YRS 3		c. LENGTH OF STAY (In this place) 5 YRS 3		d. CITY OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION on street near Carens Bldg 464 Tracy			e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) THOMAS c. (Last) MARTINEZ			4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 56			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH 3-30-51	9. AGE (In years last birthday) 5	10. IF UNDER 1 YEAR Months Days	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo		
13. FATHER'S NAME Antonio Martinez		13b. MOTHER'S MAIDEN NAME Ruby West		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ruby Martinez 464 Tracy		
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) Shock & Hemorrhage Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Spleen & Spleen DUE TO (c) Enteric & Retroperitoneal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, for Splenar			INTERVAL BETWEEN ONSET AND DEATH 8 1/2 1/5	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, from, from, or in office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo		
21d. TIME OF INJURY 9-2 56 4:00 a.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Crash by Car		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE Hugh H. Owens Coroner			23b. ADDRESS 1034 Pratts Bldg		23c. DATE SIGNED 9-3-56	
24a. HOSPITAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 9/5/56		24c. NAME OF CEMETERY OR CREMATORY Mt Washington CC Co		
24d. LOCATION (City, town, or county) State		24e. LOCAL DIRECTOR'S SIGNATURE ADDRESS David Lopez 7 C. mo				
DATE REC'D BY LOCAL REG. 9-4-56		REGISTRAR'S SIGNATURE neva merrill		LOCAL DIRECTOR'S SIGNATURE ADDRESS David Lopez 7 C. mo		

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 *[Signature]*

Licensed Embalmer No. *4723*

P. O. Address *LC 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.