

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

36701

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>609L</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - SALT POND TWP</u>		c. LENGTH OF STAY (In this place) <u>1 HOUR</u>		c. CITY OR TOWN <u>HOUSTONIA</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8 MILES N.E. OF Sweet Springs</u>				e. STREET ADDRESS (If rural, give location) <u>0800,</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u> b. (Middle) <u>THEODORE</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 22 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>MAY 10, 1907</u>		
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>POWELL, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>WILLIAM MARTIN</u>			13b. MOTHER'S MAIDEN NAME <u>LOU MOSIER</u>			14. NAME OF HUSBAND OR WIFE <u>EDITH GRACE STEWARD</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give way or dates of service) <u>W.W-1</u>		16. SOCIAL SECURITY NO. <u>495-01-0762</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL MARTIN HOUSTONIA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed by collapsed bridge located Inst.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flaw of bridge gave way</u> DUE TO (c) <u>Crushed by the concrete</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Was working bridge</u> INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9105</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm to Market Road Salt Pond Twp, Saline Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-22-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Crushed by collapsed bridge Accident</u>				
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 <u>8:30</u> a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. L. Lawrence M.D. Coroner Saline Co. Marshall Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>10-22-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOUSTONIA CEM. HOUSTONIA MO</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG <u>Oct. 23, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. T. Tucker Sweet Springs, Mo.</u>		ADDRESS		

1956

DEC 29 1956  
JUN 24 1956  
DEC 20 1956

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 *L. F. Parker*

Licensed Embalmer No. *384*

P. O. Address *Sweet Springs*

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.