

FILED DEC 24 1956

STANDARD CERTIFICATE OF DEATH

State File No. **40903**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 108

1. PLACE OF DEATH  
a. COUNTY CLAY

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS c. LENGTH OF STAY (in this place) 13 DAYS

c. CITY OR TOWN EXCELSIOR SPRINGS d. Is Residence within limits of a city or incorporated town? Yes  No  800

d. FULL NAME OF HOSPITAL OR INSTITUTION EXCELSIOR HOSPIZAL

STREET ADDRESS (If rural, give location) RR#1 1/2 mi NORTH OF EXCELSIOR

3. NAME OF DECEASED  
a. (First) JENNIE b. (Middle) A c. (Last) MARTIN

4. DATE OF DEATH (Month) (Day) (Year) NOV 9 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH OCT 12, 1879

9. AGE (In years last birthday) 77 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) HORSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) RAY COUNTY

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSHUA SMARZ

13b. MOTHER'S MAIDEN NAME CORNELIA McCLURE

14. NAME OF HUSBAND OR WIFE WILLARD C. MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Willard C Martin, Excelsior Springs, Mo. ADDRESS RR #2

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) Cerebral Thrombosis  
ANTECEDENT CAUSES  
DUE TO (b) Hypertension Heart Disease year  
DUE TO (c) Arteriosclerosis year  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
2 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

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 Oct 18, 1956, to 11/9, 1956, that I last saw the deceased alive on 11/9, 1956, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Baroline Hutchings (Degree or title) M.D.

23b. ADDRESS Excelsior Springs Mo.

23c. DATE SIGNED 11-12-56

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

24b. DATE Nov 12, 1956

24c. NAME OF CEMETERY OR CREMATORY CROWN HILL

24d. LOCATION (City, town, or county) (State) EXCELSIOR SPRINGS, MO

DATE REC'D BY LOCAL REG. 11/12/56

REGISTRAR'S SIGNATURE Baroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE Prichard Funeral Home, Inc. ADDRESS Excelsior Springs, Missouri

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.....  
*Lindell Jarman*

Licensed Embalmer No. *4580*  
P. O. Address *Excelsior Springs, 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.