THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

332
STATE FILE NUMBER

FILED JAN 28 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hosp. #2 — Length of stay in 1b: 5 yr.5mo.5da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Harrisonville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: T. Last: MARTIN

4. DATE OF DEATH: Month Jan Day 17 Year 1957

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 6, 1889

9. AGE (In years last birthday): 67 — 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): farmer & coal miner

10b. KIND OF BUSINESS OR INDUSTRY: farm & coal mine

11. BIRTHPLACE (City and state or country): Lafayette County, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Martin

14. MOTHER'S MAIDEN NAME: Mary Woods

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Carrie Peppers, 812 Cleveland, Kansas City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis
DUE TO (c): diabetis mellitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Schizophreniy Paranoid Type 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan.1,1956, to Jan. 17,1957 and last saw her/him alive on Jan. 15, 1957. Death occurred at 3:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lorrech Thomas M D
22b. ADDRESS: St Jos. Mo. State Hosp No 2
22c. DATE SIGNED: 1-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 1/17/1957
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Lexington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 22, 1957
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. Eugene Wood.....

Licensed Embalmer No. 38

P. O. Address 314 S. 10th, P

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.