

FILED SEP 24 1957

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32980

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 6-9-6-9 Registrar's No. 6-9

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fair</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Wac Det. U.S. Army</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 92 1 Mi S. Beverly</u>				Length of stay in lb <u>Beverly</u>		d. STREET ADDRESS <u>Fort Leavenworth, Kans</u>	
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u>E.</u> Last <u>American Horse</u>				4. DATE OF DEATH Month <u>9</u> Day <u>14</u> Year <u>1957</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>Indian</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <u>Unknown</u>		8. DATE OF BIRTH <u>June 9, 1924</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wac U.S. Army</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Army</u>		11. BIRTHPLACE (City and state or country) <u>Kyle, So. Dakota</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Charles American Horse</u>				14. MOTHER'S MAIDEN NAME <u>Louise Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Present Time</u>		16. SOCIAL SECURITY NO. <u>506-22-8677</u>		17. INFORMANT <u>Official Records</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FRACTURED SKULL, CRUSHED CHEST</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>AUTO ACCIDENT</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
INTERVAL BETWEEN ONSET AND DEATH _____							
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____					
20a. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____					
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 2:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Lola M. Giffa, Coroner</u>				22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>9-14-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-14-57</u>		23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>	
24. FUNERAL DIRECTOR <u>Davis Funeral Home</u>				ADDRESS <u>Leavenworth Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>9-14-1957</u>	
				26. REGISTRAR'S SIGNATURE <u>Rphia Rollins</u>			

SEP 3 1957



### 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 W. R. Vaughn  
Licensed Embalmer No. 40

P. O. Address Weston

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.