t. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

54770-58

58-029184
STATE FILE NUMBER

FILED AUG 20 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3813

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Childrens Mercy Hospital — Length of stay in Hospital: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Grandview — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Gary Goose Trailer Ct. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Marie — Middle: Allen — Last: Martin

4. DATE OF DEATH: Month 8 Day 7 Year 58

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8-6-58

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: — Days: 1 — IF UNDER 24 HRS. — Hours: — Min.: 30

10a. 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 country): Grandview Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robert Francis Martin

13b. MOTHER'S MAIDEN NAME: Jean Marie Perry

14. NAME OF HUSBAND OR WIFE:

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

16. SOCIAL SECURITY NO.:

17. INFORMANT: Robert F. Martin — Address: Grandview Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Prematurity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

776X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

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 6 pm 8-6-58, to 7 pm 8-7-58 and last saw ~~her~~ him alive on 8-7-58
Death occurred at 1:00 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wayne Hart (Degree or title) M.D.

22b. ADDRESS: 1710 Independence Ave

22c. DATE SIGNED: 8/9/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8-7-1958

23c. NAME OF CEMETERY OR CREMATORY: ?

23d. LOCATION (City, town, or county) (State): Grandview, Mo.

24. FUNERAL DIRECTOR: E.K. Yeager Son — ADDRESS: Grandview Mo

25. DATE RECD. BY LOCAL REG.: 8-8-58

26. REGISTRAR'S SIGNATURE: Neva Menshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wayne Hart

B
A

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 Richard E. Lange

Licensed Embalmer No. 3928

P. O. Address Belton, 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.