

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039277

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HEARNEY LIBERTY</b>		c. CITY OR TOWN <b>Excelsior Springs</b>	
c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION <b>Clay Co. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>EAST BROADWAY</b>	
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>Petty</b> Last <b>JOHN</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 3, 1897</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		9b. AGE (In years last birthday) <b>60 3/4</b>	
10a. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Liberty, Missouri</b>	
13. FATHER'S NAME <b>George W. Wymore</b>		14. MOTHER'S MAIDEN NAME <b>SARAH FRANCIS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>MRS. J. E. Thorp</b>		Address <b>Lawson, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <b>year</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4500</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Liberty</b> COUNTY _____ STATE _____	
21. I attended the deceased from <b>1957</b> to _____ and last saw her <b>live</b> on <b>Nov 19 '58</b> Death occurred at <b>9 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Wm J. Graham</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Liberty Mo</b>	
22c. DATE SIGNED <b>11/28/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Nov. 29, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Liberty Missouri</b>
24. FUNERAL DIRECTOR <b>Tyler-Pasley</b>		25. DATE RECD. BY LOCAL REG. <b>11-29-58</b>	
ADDRESS <b>Liberty, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Notel Graham</b>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)



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 *John Parsley*.....

Licensed Embalmer No. 430

P. O. Address *Liberty*

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.