

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044277  
STATE FILE NUMBER  
6159

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6159

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Weston</b><br>0830<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>  |                                  | Length of stay in 1b<br><b>12 hours</b>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>FATHER ROBERT A. MARTIN</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Dec. 26 1958</b>   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 29, 1919</b>  |
| 9. AGE (In years last birthday)<br><b>39</b>  |                                  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HRS.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Catholic Priest</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Holy Trinity Church</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Paul, Minn.</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>   |                                  | 13a. FATHER'S NAME<br><b>William Martin</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Frances Hoehn</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>474-26-4508</b>   | 17. INFORMANT<br><b>Leon J. Martin, St. Paul, Minn.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Exsanguination -- hemorrhage</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>15 hours</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Portal Cirrhosis &amp; congested venices</b>  |                                  |   | <b>2 years</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)   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                             |
| 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.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE   |
| 21. I attended the deceased from <b>March 1957</b> to <b>26 Dec. 1958</b> and last saw her alive on <b>25 Dec. 1958</b><br>Death occurred at <b>7:28 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Fred H. Lundgren Jr. M.D.</b>  |                                  | 22b. ADDRESS<br><b>315 Nichols Road</b>   | 22c. DATE SIGNED<br><b>26 Dec. 58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>12-29-1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Paul, Minn.</b>   |
| 24. FUNERAL DIRECTOR<br><b>Melody-McGilley-Eylar Funeral Home</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>12-27-58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b>   |
| ADDRESS<br><b>Woodland-Linwood</b>  |                                  |   |   |

All diseases in Part I must be causally related.

Medical Certification  
Fred H. Lundgren Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Wm. L. ...*  
*Wm. L. ...*  
*Ua 1-8833*  
*12:30 P - 5 PM*

VS FEB 29 1960

VS FEB 29 1960

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 *William Barton*

Licensed Embalmer No. *4903*  
P. O. Address *KC 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.