

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025295

FILED VS AUG 14 1959

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 3651 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON JOHNSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>1 Day</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity luthern Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3220 Campbell</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Clifford</u> Last <u>Martin</u>			4. DATE OF DEATH Month <u>July</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1874</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Richard Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Victorene Porter</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-24-4100</u>	17. INFORMANT <u>Edward R. Martin 7550 Argadia St. No. 16</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>Cerebrary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>13 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>"</u>					<u>6 yrs.</u>	
DUE TO (c) <u>Gen ant - Sclerosis</u>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour <u>12:15 p.m.</u> Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1950</u> to <u>19 July 59</u> and last saw him alive on <u>19 July 59</u> Death occurred at <u>12:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE (Degree or title) <u>Robert M. Myers M.D.</u>			22b. ADDRESS <u>1025 Shalte Blwy</u>		22c. DATE SIGNED <u>19 July 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	23d. LOCATION (City, town, or county) <u>Lineville Iowa</u>			
24. FUNERAL DIRECTOR <u>James Grandle</u>	ADDRESS <u>Lineville Iowa</u>	25. DATE RECD. BY LOCAL REG. <u>7-28-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert M. Myers

