

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033343

FILED VS SEP 24 1959 *280*

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *69*

STATE FILE NUMBER

LENDED

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fair Twn		Length of stay in 1b 50 years		c. CITY OR TOWN Platte City, Mo. fair Twn.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mile West Platte City				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 mile W. Platte City	
3. NAME OF DECEASED (Type or print) First Middle Last John D Martin				4. DATE OF DEATH Month Day Year Sept. 16, 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-15-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Platte Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John S. Martin			13b. MOTHER'S MAIDEN NAME Mary E. Sharp			14. NAME OF HUSBAND OR WIFE Frank D. Martin	
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. 500-40-4553		17. INFORMANT Address Frank D. Martin Platte City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis							INTERVAL BETWEEN ONSET AND DEATH 1yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Undetermined, Senile degeneration???							xxx
DUE TO (c) Undetermined							xxx
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis or hemorrhage Oct. 14, 1957						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.) XXXXXXXXXXXX XXXXXXXXXXXXXXX			
20c. TIME OF INJURY Hour Month, Day, Year XXXXXXXXXXXX XXXXXXXXXXXXXXX							
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, office bldg., etc.) XXXXXXXXXXXX		20f. CITY, TOWN, OR LOCATION Weston		COUNTY Platte	STATE Mo.
21. I attended the deceased from Sept. 14, 1959 to Sept. 16, 59 and last saw him alive on Sept. 11, 59 Death occurred at 2 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE, (degree or title) Lewis C. Calvert M.D.				22b. ADDRESS Weston Mo			22c. DATE SIGNED 9/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-18-1959	23c. NAME OF CEMETERY OR CREMATORY Judah Cemetery		23d. LOCATION (City, town, or county) (State) Weston, Platte Co. Mo.		
24. FUNERAL DIRECTOR ADDRESS Vaughn Funeral Home Weston, Mo.				25. DATE RECD. BY LOCAL REG. Sept 18, 1959		26. REGISTRAR'S SIGNATURE Alphie Rollins	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



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. 4023

P. O. Address Weston, 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.