

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040224

FILED VS NOV 17 1959

149

Primary Registration District No. 1002

Registrar's No.

5313

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 347 Forest		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Reed Middle Lewis Last Martindell				4. DATE OF DEATH Month 8 Day 11 Year 59									
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 8-5-59		9. AGE (last birthday) 6 days		IF UNDER 1 YEAR Months 6 Days 8		IF UNDER 24 HR Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) Infant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles S. Martindell				13b. MOTHER'S MAIDEN NAME Gertrude Farwater				14. NAME OF HUSBAND OR WIFE none					
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. none		17. INFORMANT Address Charles Martindell 347 Forest							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity										INTERVAL BETWEEN ONSET AND DEATH			
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)										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 3:10 Month, Day, Year 8-5-1959		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		COUNTY		STATE			
21. I attended the deceased from 8-5-1959 to 8-11-1959 and last saw xx him live on 8-11-1959 Death, occurred at 3:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE H. Sawyer (Degree or title) M.D.				22b. ADDRESS 2400 Cherry K.C. Mo.				22c. DATE SIGNED 11-2-59					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-2-59		23c. NAME OF CEMETERY OR CREMATORY Linds		23d. LOCATION (City, town, or county) (State) Kansas City MO							
24. FUNERAL DIRECTOR Wm. Sawyer ADDRESS K.C. MO				25. DATE RECD. BY LOCAL REG. 11-4-59		26. REGISTRAR'S SIGNATURE Reed Martindell							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **L. Sawyer**

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 *Art Embalmer*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Am. A. [Signature]*

Licensed Embalmer No. 308

P. O. Address NC

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.