

FEDERAL BUREAU OF INVESTIGATION
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042149
 STATE FILE NUMBER

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5477

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>48 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSP</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5218 N. SPRUCE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Rissie</u> Middle <u>ELLEN</u> Last <u>MARTIN</u>				4. DATE OF DEATH Month <u>OCT</u> Day <u>27</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-23-1896</u>		9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Eldon, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
13a. FATHER'S NAME <u>George W. COTTEN</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth PARKHURST</u>				14. NAME OF HUSBAND OR WIFE <u>Clyde MARTIN</u>					
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>-</u>				17. INFORMANT <u>Clyde MARTIN</u> Address <u>5218 N. SPRUCE</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>SEPSIS</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Localized Peritonitis</u>										<u>2 WKS.</u>			
DUE TO (c) <u>Acute cholecystitis</u>										<u>2 WKS</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute VIRAL ENTEROCOLITIS, Hepatic Damage</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year 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		COUNTY		STATE					
21. I attended the deceased from <u>Oct. 13, 1960</u> to <u>Oct. 27, 1960</u> and last saw her <u>alive</u> on <u>Oct. 26, 1960</u> Death occurred at <u>10:55</u> <u>A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>R. L. Edwards, Sr., D.O.</u>						22b. ADDRESS <u>2522 E. DIVISION RD. KANSAS CITY 18, MISSOURI</u>			22c. DATE SIGNED <u>10/28/60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-31-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EAST Slope CEMETERY</u>				23d. LOCATION (City, town, or county) <u>PLATTE Co</u>		STATE <u>MO</u>			
24. FUNERAL DIRECTOR <u>D.W. Newcomer Sons</u> ADDRESS <u>N.K.C.</u>				25. DATE RECD. BY LOCAL REG. <u>10-31-60</u>		26. REGISTRAR'S SIGNATURE <u>H. R. Dwyer</u>							

DOCUMENT
 DO
 R. L. Edwards, Sr., D.O.
 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Amick, Jr.

Licensed Embalmer No. 484

P. O. Address H. A. 17

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.