

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008975

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1176 STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in 1b **2 weeks**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Baptist Mem. Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **JACKSON**
 c. CITY OR TOWN **RAYTOWN** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **6224 RALSTON** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) **MARY M MARTIN** Middle **M** Last **MARTIN** 4. DATE OF DEATH **March 3** Month **3** Day **3** Year **61**
 MRS **MARY M MARTINS**

5. SEX **F** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Nov 27, 1886** 9. AGE (last birthday) **74**
 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) **Homemaker** 10b. KIND OF BUSINESS OR INDUSTRY **Domestic** 11. BIRTHPLACE (City and state or country) **Brownsville, Minn. U.S.A.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Henry Hotzenbuehler** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Ames 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. 17. INFORMANT **Mrs. Maxine Stover, 6224 Ralston, Raytown, Missouri** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary Embolism** INTERVAL BETWEEN ONSET AND DEATH **seconds**
 DUE TO (b) **Adenocarcinoma of rectum** **undetermined**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **none except her eye** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **February 1961** to **present** and last saw **her** alive on **3/3/61**
 Death occurred at **7:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John A. Fitzley M.D.** (Degree or title) 22b. ADDRESS **9406 E 63rd Raytown Mo** 22c. DATE SIGNED **3/4/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **Mar. 7, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Green Lawn Cemetery.** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomer's Sons** ADDRESS **Kansas City, Missouri.** 25. DATE RECD. BY LOCAL REG. **3-6-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF JOHN A. FITZLEY MEDICAL CERTIFICATION

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C., 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.