

FILED VS OCT 19 1959 37

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 253

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethelham Twp</u>		Length of stay in 1b <u>3 hrs</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) <u>5 miles southeast of Clinton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>925 W. 33rd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>George</u> Last <u>Martin</u>	4. DATE OF DEATH Month <u>Oct</u> Day <u>10</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 1, 1932</u>	9. AGE (last birthday) <u>26</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>Airplane mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Blackburn MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>John F Martin Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Hladus Dorsey</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war dates of service) <u>1932-1956</u>	16. SOCIAL SECURITY NO. <u>487-44-4672</u>	17. INFORMANT <u>John F Martin Jr</u> Address <u>Blackburn, MO</u>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Multiple fatal injuries by airplane</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>accident - head, arms, legs</u>	
	DUE TO (c) <u>severed from body.</u>	<u>Instant</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 checked="" 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 <u>4:30 a.m.</u> <u>10-10-59</u>	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, factory, street, office bldg, etc.) <u>Farm - Oaklawn Prop</u>	20f. CITY, TOWN, OR LOCATION <u>5 miles S.E. of Clinton, Henry, Miss.</u>	COUNTY _____ STATE _____
--	---	---	--	--------------------------

21. I attended the deceased from <u>no medical attention</u> and last saw her/him alive on <u>10-10-59</u> Death occurred at <u>approx 4:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22. SIGNATURE (Degree or title) <u>W.D. Bradshaw, M.D.</u> <u>Denny Co. Coroner</u>	22b. ADDRESS <u>Clinton, MO.</u>	22c. DATE SIGNED <u>10-12-59</u>
---	-------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 12, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pisgah Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Saline Missouri</u>
--	----------------------------------	--	---

24. FUNERAL DIRECTOR <u>Edgar L. Mearley</u> ADDRESS <u>Sweet Springs, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 12 - 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
--	---	---

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 Robert L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton M

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.