

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41138

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 468

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, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 308 South Grand		d. STREET ADDRESS (If rural, give location) 308 South Grand	
3. NAME OF DECEASED (Type or Print) WILLIAM		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2, 1950	
a. (First) F.		b. (Middle) MARTIN	
5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 3, 1875	
9. AGE (In years last birthday) 75		10. MONTHS 8	
11. BIRTHPLACE (State or foreign country) Bull Knob, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian of Janitor school		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME No Data	
14. NAME OF HUSBAND OR WIFE Leona 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. 490-09-3184A		17. INFORMANT'S SIGNATURE OR NAME Orville C. Martin	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) General arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 425	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 48 hours 6 mo 1 year	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 2, 1950 to Dec 2, 1950 that I last saw the deceased alive on Dec 1st, 1950 and that death occurred at 10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Allen M.D.		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED Dec. 4, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/5/50		24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Jackson County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks	
DATE REC'D BY LOCAL REG. Dec. 4-1950		ADDRESS Independence, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 2 RECD

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Stanley M. Seaton

Licensed Embalmer No. 4504

P. O. Address Kansas City 3, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.