

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30349**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3780**

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

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 3718	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) unknown		d. STREET ADDRESS (If rural, give location) 4539 Roanoke Pkwy. 710	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED a. (First) Walker		b. (Middle) L.	
c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) 9-3-51	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 1879
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER	10b. KIND OF BUSINESS OR INDUSTRY APARTMENT	11. BIRTHPLACE (State or foreign country) ALABAMA	12. CITIZEN OF WHAT COUNTRY? J.S.A.
13a. FATHER'S NAME UNKNOWN MARTIN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Sylvia L. MARTIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Mrs. SYLVIA L. MARTIN		ADDRESS 4539 ROANOKE PKWY KANSAS CITY, MO.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Had an auto injury & suffered a fracture of ribs 9, 8, 7, 6, 5 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death In hospital several days.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Past Refused. 007	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Butler Bates mo	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Bates mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-13-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Car Struck			
22. I hereby certify that I attended the deceased from 8-13 , 19 51 , to 9-3 , 19 51 , that I last saw the deceased alive on 9-2 , 19 51 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Oakto Bldg	
(Degree or title) M.D.		23c. DATE SIGNED 9-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVALS		24b. DATE SEPT. 4-1951	
24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) DALLAS TEXAS	
DATE REC'D BY LOCAL REG 9-4-51		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE O.N. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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.....

Basil V. Honey

Signed.....

Student Embalmer

Licensed Embalmer No. *4724*

P. O. Address *Eschland, 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 this body is not embalmed, fact should be so stated above.