

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30532

State File No. _____

FILED OCT 9 1951

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</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, write RURAL and give town or village name) <u>Oak Grove Rural</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove Rural Van Burran tw</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Mi South West</u>				d. STREET ADDRESS (If rural, give location) <u>8mi South West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John .D</u> b. (Middle) <u>Martin</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1951</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2 1904</u>		9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmerman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Ark /</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas L Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Mansfield</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>493 28 1223</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Martin</u>		ADDRESS <u>Oak Grove Mo R.F.D.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arthritis, Rheumatoid</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>7220</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min) _____		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 <u>4-17</u> , 19 <u>51</u> , to <u>9-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-8</u> , 19 <u>51</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Christ Miller M.D.</u> (degree or title)				23b. ADDRESS <u>Lee Summit Mo</u>		23c. DATE SIGNED <u>9-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee Summit Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-10-51</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Eavishaw</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Blue Springs Mo</u>			

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

0 480

OCT 7 REC'D

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 RB With.....

Licensed Embalmer No. 2353.....

P. O. Address Blue Springs, 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.