

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33719**

No. 300  
10-48

FILED NOV 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4660**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>Benton</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WARSAW</b>   |  |
| c. LENGTH OF STAY (in this place) <b>1 DAY</b>  |  | d. STREET ADDRESS (If rural, give location) <b>K/</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Luke's Hosp.</b>                                  |  |  |  |

|   |                               |   |  |  |  |
|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Everett</b> b. (Middle) <b>G</b> c. (Last) <b>Martin</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 31 1951</b> |  |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Feb 7, 1876</b>                      | 9. AGE (In years last birthday) <b>75</b>  | IF UNDER 1 YEAR Months <b>8</b> Days <b>24</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmed</b>     |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>                      |  | 11. BIRTHPLACE (State or foreign country) <b>Mo</b>                              |  |
| 13a. FATHER'S NAME <b>George Martin</b>   |                               | 13b. MOTHER'S MAIDEN NAME _____                                       |  | 14. NAME OF HUSBAND OR WIFE _____  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                   |                               | 16. SOCIAL SECURITY NO. <b>None</b>                                   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Chester Martin Warsaw, Mo</b> ADDRESS _____ |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis &amp; Occlusion</b>   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <b>Generalized Arteriosclerosis</b>   |  | <b>42-01</b>   |  |
| DUE TO (c) _____   |  | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatic Heart Disease &amp; Stenosis Aortic</b> |  |  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21h. HOW DID INJURY OCCUR? _____                             |                                  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:45 P.M.</b> , from the causes and on the date stated above. |  |  |   |  |                                  |
| 23a. SIGNATURE <b>Richard C. Schaffer MD (Pathologist)</b> (Degree or title)   |  |  | 23b. ADDRESS <b>St Luke's Hosp K.C., Mo</b> |  | 23c. DATE SIGNED <b>10-31-51</b> |
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>  |  | 24b. DATE <b>Nov 2, 1951</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Riverside Cemetery</b> |                                  |
| 24d. LOCATION (City, town, or county) (State) <b>Warsaw Benton Co Mo</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>John J. Resw</b> ADDRESS <b>Warsaw</b>                             |   |  |                                  |

DATE REC'D BY LOCAL REG. **11-1-51** REGISTRAR'S SIGNATURE **Seraldine Holmes** (Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1953

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 .....  
Student Embalmer

Signed *John A. Reser* .....

Licensed Embalmer No. *4098* .....

P. O. Address *Warsaw* .....

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.