

1952 OCT 25

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35097**  
**4364**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3716 Fremont</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

*90*  
*35 1/2*

3. NAME OF DECEASED (Type or Print) a. (First) <b>Percy</b>		b. (Middle) <b>R.</b>		c. (Last) <b>Martin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 5 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 2</b>		8. DATE OF BIRTH <b>Sept. 5th. 1878</b>	9. AGE (In years last birthday) <b>74</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Orderly</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Leeds T. B. Hosp.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osawatimie Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Virgie Ziegler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>G. F. Re nick 6810 E. 37th. St. K.C. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>113X</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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 Sept. 30, 1952, to Oct. 5, 1952, that I last saw the deceased alive on Oct. 5, 1952, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <i>H. Stratemeier</i>		23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>10-6-52</b>	
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24a. BURIAL CREMATION (Specify) <b>BURIAL</b>		24b. DATE <b>10/7/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Brookings Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Raytown Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>10-7-52</b>		REGISTRAR'S SIGNATURE <i>M. Geraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons K. C. Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*M. Baker*

**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 D. Camp*  
Licensed Embalmer No. *2533*  
P. O. Address *116 7th*

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.