

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35365**

FILED OCT 22 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 173

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) <u>Rural-VanBuren</u> c. LENGTH OF STAY (If in this place) <u>70</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-VanBuren</u> <u>0480</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles E. Lees Summit</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles E. Lees Summit</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SIDDIE</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>MARTIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-3-1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lebanon Va.</u>	12. CITIZEN OF WHAT COUNTRY <u>A.</u>
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13a. FATHER'S NAME <u>Flem Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Selia Gilbert</u>	14. NAME OF HUSBAND OR WIFE <u>James Q. Martin (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Underwoos Lees Summit, Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>35 yrs</u> <u>50 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>Obesity</u>		
11. 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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>5</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from July, 1951, to October, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>D. O. Jenkins</u> (Degree or title)	23b. ADDRESS <u>320 So Douglas Sub Summit, Mo</u>	23c. DATE SIGNED <u>10-5-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit,</u>	24d. LOCATION (City, town, or county) (State) <u>Lees Summit, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-6-52</u>	REGISTRAR'S SIGNATURE <u>Ronald C. Eason</u>	378-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Randolph Pleasant</u>	ADDRESS <u>114 12</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 17 1957

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.....

Allen Brewster

Student Embalmer

Licensed Embalmer No. *3785*

P. O. Address *Albany, N.Y.*

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.