

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44565
5668

State File No. _____
Registrar's No. _____

BIRTH NO. FILED JAN 17 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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 township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>51 years</u>		d. STREET ADDRESS (If rural, give location) <u>3223 Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3223 Jefferson</u>		3478	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MISS MINNIE</u> b. (Middle) <u>J</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 22 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>March 25, 1872</u>		9. AGE (in years last birthday) <u>80</u>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Chief Operator - S. W. Bell Tel.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ireland</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>4</u>
12. CITIZEN OF WHAT COUNTRY? <u>-</u>					

13a. FATHER'S NAME <u>THOMAS MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CLIFFORD</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert L. Hilker</u>		ADDRESS <u>3223 Jefferson</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN DEATH AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		DUPLICATE				<u>5/1/52</u>	
*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		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				<u>4200</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>-----</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-----</u>		21b. PLACE OF INJURY (e.g., in or about home, workshop, factory, street, office bldg., etc.) <u>-----</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-----</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-----</u>	

22. I hereby certify that I attended the deceased from 5/1/52 to 12/22, 1952, that I last saw the deceased alive on 12/22, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.G. Leitch</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1010 Perry St. S.W. Okla</u>		23c. DATE SIGNED <u>12/22/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 26 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>12-26-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Durk & Robin Co</u>		ADDRESS <u>20W Linwood</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Forrest D. Coldman

Licensed Embalmer No. 4714

P. O. Address R O 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.