

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21829

State File No. ....

267

FILED JUL 9 - 1953

BIRTH NO. ....

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. ....

267

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) OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>35 yrs</b>		c. CITY OR TOWN <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>131 E. Kansas St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print Name) a. (First) <b>MRS. DAISIE</b>		b. (Middle) <b>MAY</b>		c. (Last) <b>MARTIN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 26, 1953</b>		5. SEX <b>Female</b>			
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 8, 1878</b>	
9. AGE (In years last birthday)   IF UNDER 1 YEAR Months   Days   IF UNDER 24 HRS. Hours   Min. <b>75</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Browning, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Watson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary J. Shohoney</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse Martin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war and dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Jesse Martin</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis (chronic)</b> DUE TO (c) <b>Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>10 yrs</b> <b>15 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/221</b>		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) m.		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 <b>Jan 7, 1953</b> to <b>June 25, 1953</b> , that I last saw the deceased alive on <b>June 24, 1953</b> , and that death occurred at <b>7:20 a.m.</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. M. Agee D.O. 2</b>		23b. ADDRESS <b>Independence Mo.</b>		23c. DATE SIGNED <b>June 27, 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 29, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Att &amp; Mitchell</b>			
DATE REC'D BY LOCAL REG. <b>6-29-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Indep, Mo.</b>	

AUG 6 1953

OCT 8 1953

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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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry J. Mitchell  
Licensed Embalmer No. 392

P. O. Address Indep. me

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.