

12047

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1726

FILED MAY 6 1954

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

1. PLACE OF DEATH a. COUNTY <u>Jackson County Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>South Dakota</u> b. COUNTY <u>Brown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Aberdeen</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 days</u>		e. STREET ADDRESS (If rural, give location) <u>315 1/2 South J</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Devine Bros. Foundation Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>G</u> c. (Last) <u>Fiene</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 16 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 29, 1884</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Charter Oak, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Manda Fiene</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS _____
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombotic Myocardial Infarction</u> DUE TO (c) <u>Transurethral Resection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>Immediate</u> <u>4-8-54</u> <u>6/10X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <u>4-8-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bladder neck obstruction (non-malignant)</u>	
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"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 4, 1954</u> , to <u>April 16, 1954</u> , that I last saw the deceased alive on <u>April 16, 1954</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E.H. Stults</u> (Degree or title) <u>P.D.</u>		23b. ADDRESS <u>918 Oak</u>	
23c. DATE SIGNED <u>4-16-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Aberdeen, South Dakota</u>		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>4-17-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS <u>Freeman Mortuary, Kansas City, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No..... 2

P. O. Address..... F. O.

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.