

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16036

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 2275

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 5 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EXCELSIOR SPRINGS	
		d. STREET ADDRESS (If rural, give location) 523 ELMS BLVD. 6002	

3. NAME OF DECEASED (Type or Print) (Name) Bess		b. (Middle)		c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1954							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 4, 1888		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wks. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME				10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) Nebraska			12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME Bradford Hendrix		13b. MOTHER'S MAIDEN NAME Clara Green		14. NAME OF HUSBAND OR WIFE Ammon C. Martin			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FLOYD MARTIN 631 OLD ORCHARD EXCELSIOR SPRINGS, Mo			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Arterio Sclerotic Nephritis with uremia						INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
		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.						446X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Apr 16, 1954 to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 1207h., from the causes and on the date stated above.

23a. SIGNATURE M.G. Berry M. G. Berry M.D.		(Degree or title)		23b. ADDRESS Plaza med Bldg Kansas City		23c. DATE SIGNED May 19 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-19-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) EXCELSIOR SPRINGS, Mo (State) Mo	
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DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Richard Excelsior Springs, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 7 1954

JUN 9 1954

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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *Celsius Springs*

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.