

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16037**

No. 300

10-48

BIRTH NO. <u>7826-54</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. <u>2274</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Polk</u>	
c. LENGTH OF STAY (in this place) <u>3 mo. 2 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Red Top, Mo. (Mailing address)</u>		d. STREET ADDRESS (If rural, give location) <u>R. Rt #1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0840</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frankie</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Martin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-19-54</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>Feb. 13, 1954</u>		9. AGE (In years) (last birthday)		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 6 HRS. Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Marjorie Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>Child</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>Samuel M. Martin, Red Top, Mo.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYDROCEPHALUS</u>		ANTECEDENT CAUSES				DUE TO (b) <u>ACUTE PULMONARY CONGESTION,</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>MENINGOCELE</u>				751X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>ENLARGED THYMUS - PATENT FORAMEN OVALE</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>2-17, 1954</u> , to <u>5-19, 1954</u> , that I last saw the deceased alive on <u>5-19, 1954</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wayne Barr M.D.</u> (Degree or title)				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>5-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>BOLIVAR, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-20-54</u>		REGISTRAR'S SIGNATURE <u>Eveline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>F.H. Indigo, Mo.</u>	

(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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.