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FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16038
State File No. 2368

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

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IOWA
b. COUNTY Scott

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (In this place) \$ 4 days

c. CITY OR TOWN DAVENPORT
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
e. STREET ADDRESS (If rural, give location) 906 N. Pine

3. NAME OF DECEASED (Type or Print)
a. (First) VIRGIL
b. (Middle) OSCAR
c. (Last) MARTIN
4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH October 5, 1890
9. AGE (In years last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Repair
10b. KIND OF BUSINESS OR INDUSTRY Tractor Co.
11. BIRTHPLACE (City and State or Foreign Country) Jonesboro, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William C. Martin
13b. MOTHER'S MAIDEN NAME Mary Pernina
14. NAME OF HUSBAND OR WIFE Lulu Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records
ADDRESS Kansas City Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) Bronchogenic carcinoma
Unknown
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis
Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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) VA
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1954, to May 24, 1954, and that death occurred at 4:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) THOMAS J. RANKIN, M.D.
23b. ADDRESS VA Hospital, Kansas City, Mo
23c. DATE SIGNED 5/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAY 25 1954
24c. NAME OF CEMETERY OR CREMATORY Crystal Cemetery
24d. LOCATION (City, town, or county) (State) LA Garwin IOWA

DATE REC'D BY LOCAL REG. 5-25-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE W.A. Newcomer
ADDRESS 1331 BAUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement of Reverse Side)

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

SEP 10 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.....
Signature of Student Embalmer

Signed *Edward M. St...*

Licensed Embalmer No. *44*

P. O. Address *K. C. 10*

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.