

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27519**
3575

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 31 yrs | | f. STREET ADDRESS (If rural, give location) 310 West 66th St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Neurological Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND | b. (Middle) E. | c. (Last) MARTIN | 4. DATE OF DEATH (Month) (Day) (Year) July 21, 54 |
|---|--------------------------|----------------------------|---|

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|-----------------------|----------------------------------|--|---|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 29, 1896 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Mins. _____ |
|-----------------------|----------------------------------|--|---|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (City and State or Foreign Country) Winfield, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Charles F. Martin | 13b. MOTHER'S MAIDEN NAME Lily Massey | 14. NAME OF HUSBAND OR WIFE Alice Ennis Martin |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1 | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Martin, 310 W. 66, K. C., Mo. | ADDRESS |
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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, asthenia, 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) Acute Coronary Insufficiency | | 6 hours |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Atherosclerosis Toxic state DUE TO (c) Neurosis | | Unknown 6 days Several years |

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| 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) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334X |
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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 |
|--|--|---------------------------|

22. I hereby certify that I attended the deceased from **7-9, 1954**, to **7-21, 1954**, that I last saw the deceased alive on **7-21, 1954**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) B. Landis Elliott, M.D. | 23b. ADDRESS 1418 Professional Bldg. K.C. 6, Mo. | 23c. DATE SIGNED 7-21-54 |
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|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-23-54 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 7-22-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. | ADDRESS K.C. MO. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
B. Landis Elliott MD

Dr. B. Lewis Elliott
Professional Bldg.
Rm 6234

6007 1 1958

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 *J. C. Crowell*.....

Licensed Embalmer No. *490*

P. O. Address *H. C. 9m*

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.