

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37499**BIRTH NO. **79796-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5213**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 7 da 3 hr.	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital		STREET ADDRESS (If rural, give location) Rt. # 2	
3. NAME OF DECEASED (Type or Print) Herbert Wayne Martin, Jr.		a. (First)	b. (Middle)
5. SEX Male		6. COLOR OR RACE White	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	4. DATE OF DEATH (Month) (Day) (Year) 11-10-1954
11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 10-24-1954 0 17	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME Herbert Wayne Martin		13b. MOTHER'S MAIDEN NAME Annita Ruth Hopkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Herbert Martin, Sr., Rt #2, Sedalia, Mo		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enlarged atherosclerotic congenital ANTECEDENT CAUSES Morbidity 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.	
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)		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 11-3 , 1954, to 11-10 , 1954, that I last saw the deceased Valive on 11-10 , 1954, and that death occurred at 10:25 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Wayne Hart (Degree or title)		23b. ADDRESS 1710 Indep Ave. S.E. Mo.	
23c. DATE SIGNED 11-11-54		24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	
24b. DATE 11-13-54		24c. NAME OF CEMETERY OR CREMATORY HIGH POINT CEMETERY	
24d. LOCATION (City, town, or county) (State) RURAL PETTIS COUNTY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE R. E. Baker ADDRESS Sedalia, Mo	
DATE REC'D BY LOCAL REG. 11-11-54		REGISTRAR'S SIGNATURE Neva Minshall	

(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.....
Signature of Student Embalmer

Signed *R. E. Baker*.....

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.