No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 36931

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4947

4

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 32 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CRESTWOOD NURSING HOME
e. STREET ADDRESS (If rural, give location): 3207 EAST 59TH STREET

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

**3. NAME OF DECEASED** (Type or Print)
a. (First): HAZEL
b. (Middle): LAURA
c. (Last): MARTIN

**4. DATE OF DEATH** (Month) (Day) (Year): NOV. 13, 1955

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: DEC. 17, 1901
**9. AGE** (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: AT HOME
**11. BIRTHPLACE** (City and State or Foreign Country): SEDALIA, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: ARCHIE MANDUS
**13b. MOTHER'S MAIDEN NAME**: CLARA MUHRER
**14. NAME OF HUSBAND OR WIFE**: DOLEN HUGHES MARTIN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service): ##
**16. SOCIAL SECURITY NO.**: 490-24-0021
**17. INFORMANT'S SIGNATURE OR NAME**: MR. DOLEN H. MARTIN, 3207 E. 59TH ST., KANSAS CITY, MISSOURI — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ~~[illegible]~~
DUE TO (c): 260X

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Cerebral and coronary arteriosclerosis — 5 years
Lymphosarcoma of Abd. Lymph Nodes — Pyni finding

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] 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) m.
**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* 5/24, 1947, *to* 11/13, 1955, *that I last saw the deceased alive on* 11/12, 1955, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** R. R. Becker (Degree or title): R. R. Becker M.D.
**23b. ADDRESS**: 4000 Baltimore, Kansas City, Mo.
**23c. DATE SIGNED**: 11/14/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: NOV. 15 1955
**24c. NAME OF CEMETERY OR CREMATORY**: MEMORIAL PARK CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY, MISSOURI

**DATE REC'D BY LOCAL REG.**: 11-15-55
**REGISTRAR'S SIGNATURE**: Neva Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BROOK CREEK, KANSAS CITY, MO.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil W. Honey

Licensed Embalmer No. 472

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.