

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5304**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Grandview</b>		c. CITY OR TOWN <b>Grandview</b>	
c. LENGTH OF STAY (in this place) <b>34 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>13510 Norby Road</b>		STREET ADDRESS (If rural, give location) <b>13510 Norby Road</b>	

3. NAME OF DECEASED a. (First) <b>BENJAMIN</b>		c. (Last) <b>MARTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-29-56</b>	
(Type or Print)		(None)			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milling Industry</b>		8. DATE OF BIRTH <b>May 15, 1885</b>	
				9. AGE (In years last birthday) <b>70</b>	
				11. BIRTHPLACE (City and State or Foreign Country) <b>Michigan</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William J. Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Salvia Golden</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Martin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Ida Martin-Grandview Mo.</b>	
(If yes, give war or dates of service)				ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA STOMACH</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid 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 <b>APR 6 '55</b>		19b. MAJOR FINDINGS OF OPERATION <b>INOPERABLE CARCINOMA STOMACH 151X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Aug. 6, 1955**, to **Feb 29, 1956**, that I last saw the deceased alive on **Feb 17, 1956**, and that death occurred at **7a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. C. Luntz</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>6244 Pershing Ave KCMO</b>		23c. DATE SIGNED <b>2-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlaw Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	

DATE REC'D BY LOCAL REG. <b>2-29-56</b>		REGISTRAR'S SIGNATURE <b>Sterling E. Jordan</b>		FUNERAL DIRECTOR'S SIGNATURE <b>George Southe</b>	
				ADDRESS <b>Grandview Mo.</b>	

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

981 2 1 1

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 *William E. Howard*  
Licensed Embalmer No. 491

P. O. Address *Grandville*

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.