

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23852

STATE FILE NUMBER

FILED JUL 18 1956

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2805

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Jackson</i>	a. STATE <i>Missouri</i>		b. COUNTY <i>Ray</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Richmond</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mountaintop Hosp.</i>		Length of stay in 1b <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>E. Buchanan</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <i>ALLEN</i>	Middle	Last <i>MARTIN</i>	Month <i>6</i>	Day <i>27</i>
5. SEX <i>M</i>		6. COLOR OR RACE <i>NEGRO</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>May 12 1882</i>
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) <i>74</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Janitor</i>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTH PLACE (City and state or country) <i>Richmond, Mo.</i>	
13. FATHER'S NAME <i>Ben Martin</i>		12. CITIZEN OF WHAT COUNTRY? <i>YES - U.S.</i>		
14. MOTHER'S MAIDEN NAME <i>unknown</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no.</i>		16. SOCIAL SECURITY NO. <i>487-07-1863A</i>		17. INFORMANT <i>Emma Triplett</i>
				Address <i>Richmond, Mo.</i>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARDIAC FAILURE</i>		<i>6 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Post-op prostatic surgery</i>	<i>5 days</i>
	DUE TO (c) <i>Prostatic enlargement with obstruction 1 yr.</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Diabetes</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, a. m., p. m.				

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Richmond, Mo.</i>	COUNTY <i>Mo</i>	STATE
21. I attended the deceased from <i>5-15-56</i> to <i>6-27-56</i> and last saw <sup>him</sup> alive on <i>6-27-56</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W. W. Keifer M.D.</i>			22b. ADDRESS <i>701 E 63 St. Mo</i>		22c. DATE SIGNED <i>6-27-56</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>June 29, 56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Richmond</i>	23d. LOCATION (City, town, or county) (State) <i>Richmond, Mo</i>
24. FUNERAL DIRECTOR <i>Thomas G. Carter</i>	ADDRESS <i>Richmond, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-27-56</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Services

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. W. Keifer

MEDICAL CERTIFICATION

---

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 *Thomas J. Carter*.....

Licensed Embalmer No. *44*.....

P. O. Address *Richmond*.....

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.