

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH38154
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5139

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON				a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY, MO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION GEN'L HOSPITAL		Length of stay in 1b) 5 yrs.		d. STREET ADDRESS SCHUYLER HOTEL		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MARY Middle ETTA Last Martin				Month 11 Day 25 Year 1956			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 12, 1879 '77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY		10b. KIND OF BUSINESS OR INDUSTRY BADGER LUMBER CO.		11. BIRTHPLACE (City and state or country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILEY W. MARTIN				14. MOTHER'S MAIDEN NAME EMILY ROBINSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT Address MR. WILEY CAMERON 3208 East 6th			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia and pulmonary thrombosis							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)					E9047/45
		DUE TO (c)		Fracture of left hip			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) fell at nursing home					
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. 10-10-56		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) nursing home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, Mo. 23	
21. I attended the deceased from Oct. 10, 1956 to Nov. 25, 1956 and last saw her alive on Nov. 25, 1956							
Death occurred at 11:05 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE I. Burns (Degree or title) I. C. Burns, M.D.				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 11-26-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL NOV. 28, 1956		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS	
24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. 11. C. Ma				25. DATE RECD. BY LOCAL REG. 11-27-56		26. REGISTRAR'S SIGNATURE Reva Minshall	

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

(Licensed Embalmer's Statement on Reverse Side)

MI-2-3432

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 *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address *11.0.7*

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