

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1382**
251
Registrar's No. _____

FILED FEB 4 1957
BIRTH NO. _____

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clayson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN North Kansas City	
c. LENGTH OF STAY (in this place) 68 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital-		10b STREET ADDRESS (If rural, give location) 3826 Briarcliff Road 506 8	
3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) T. c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1957	
5. SEX M 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. - Martin Printing Company		8. DATE OF BIRTH JUNE 3, 1880	
10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 76	
11. BIRTHPLACE (City and State, or Foreign Country) Montgomery City Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Martin		13b. MOTHER'S MAIDEN NAME unknown	
13c. NAME OF HUSBAND OR WIFE Stella Martin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 486-09-7416	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Martin		ADDRESS Home	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Dis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Glomerular Nephritis DUE TO (c) Scarlet Fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumo pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 37 yrs.		20. AUTOPSY? 2 days YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <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 13 Jan, 1957 , to 16 Jan, 1957 , that I last saw the deceased alive on 16 Jan, 1957 and that death occurred at 7:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Fred H. Lundgren Jr. (Degree or title) MD		23b. ADDRESS 315 Nichols Road	
23c. DATE SIGNED 16 Jan '57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-18-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 1-18-57 REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure		ADDRESS Kansas City, Mo.	

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 *Elmo D. Fujilett*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.