FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8794

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1388

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7555 Walnut — Length of stay in this place 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 7555 Walnut — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Anna Middle May Last Martin
4. DATE OF DEATH: Month 3 Day 24 Year 57
5. SEX 2
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH March-30-1872
9. AGE (In years last birthday) 85 84
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) Horse Trade
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Cedar Springs Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Sample
14. MOTHER'S MAIDEN NAME Turner
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. None
17. INFORMANT Dr Robert A. Martin Address K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease = Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized Severe — 10 yrs
DUE TO (c) Nephrosclerosis, Myocarditis, Terminal — 6 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Bronchopneumonia terminal Bilateral
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — No
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None
20c. TIME OF INJURY None — Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Oct. 1947 to 3-24-57 and last saw her alive on 3-23-57
Death occurred at 8:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold A. Budke (Degree or title) M.D.
22b. ADDRESS 1019 Argyle Bldg.
22c. DATE SIGNED 3-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March-27-57
23c. NAME OF CEMETERY OR CREMATORY Lone Cemetery
23d. LOCATION (City, town, or county) Cedar Springs (State) Missouri
24. FUNERAL DIRECTOR Roland R. Speaks — ADDRESS Indep. Mo
25. DATE RECD. BY LOCAL REG. 3-25-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harold A. Budke

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 46

P. O. Address Indep. 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.

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