FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021212
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2578

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital #1 — Length of stay in 1b: 30 YEARS

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4269 CLARK — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Bessie Middle C. Last Martin
4. DATE OF DEATH: Month 5 Day 31 Year 1957
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: OCT-2-1878
9. AGE (In years last birthday): 78 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (City and state or country): ACCOMAC VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U S A.
13a. FATHER'S NAME: WILLIAM R. CROWDER
13b. MOTHER'S MAIDEN NAME: ANN MOORE
14. NAME OF HUSBAND OR WIFE: ANDREW S. MARTIN
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: ANDREW S. MARTIN — Address: 4269 CLARK AVE. KANSAS CITY, 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) Carcinoma of the cervix
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized carcinomatosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 171 X
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 [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. 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 5-7-57, to 5-31-57 and last saw her alive on 5-31-57
Death occurred at 3:00 Am on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. L. Burns, M.D. (Degree or title)
22b. ADDRESS: General Hospital No. 1
22c. DATE SIGNED: 5-31-57

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: JUNE-1-1957
23c. NAME OF CEMETERY OR CREMATORY: D.W. NEWCOMERS SONS
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D.W. NEWCOMERS SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 6-1-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B.I. Burns

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 ..... Signed Basil V. Honey

Signature of Student Embalmer

Licensed Embalmer No. 4724

P. O. Address K. C., Mo.

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.