

STANDARD CERTIFICATE OF DEATH

32034

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4339

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in 1b 14 Yrs.	d. STREET ADDRESS (If outside, give location) 5119 Gladstone Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Wilbur Middle C. Last Martin			4. DATE OF DEATH Month 9 Day 17 Year 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-23-1908	9. AGE (In years last birthday) 48	FUNDER 1 YEAR Months 4 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professor		10b. KIND OF BUSINESS OR INDUSTRY Commercial Pictures	11. BIRTHPLACE (City and state or country) Greenleaf, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Patrick Martin		13b. MOTHER'S MAIDEN NAME Sarah Mullin		14. NAME OF HUSBAND OR WIFE Nellie Martin	
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. 524-10-9147		17. INFORMANT Address Mrs. Nellie Martin 5119 Gladstone Blvd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ch. Glomerulonephritis DUE TO (c) 592x					INTERVAL BETWEEN ONSET AND DEATH 30 days 592x
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 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 11:00 Month 9 Day 17 Year 57 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 COUNTY STATE	
21. I attended the deceased from 2/18/57 to 9/17/57 and last saw him alive on 9/17/57 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <i>Robert C. Mc Clanahan</i>			22b. ADDRESS <i>820 Professional Bldg</i>		22c. DATE SIGNED 9/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-19-57	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar			25. DATE RECD. BY LOCAL REG. 9-18-57	26. REGISTRAR'S SIGNATURE <i>Reva Manshall</i>	

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Robert C. Mc Clanahan

Dr. Robt. McClanahan

Prof. E. J. P.

130-300 St.

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 *Arthur Eugene Good*

Licensed Embalmer No. *4912*
P. O. Address *R. E. M.*

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.