

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010074  
STATE FILE NUMBER  
1107

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1107

300  
1-57

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Kansas b. COUNTY Johnson |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City        |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       | c. CITY OR TOWN Olathe  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Lakeside |  | Length of stay in lb<br>7 da's   | d. STREET ADDRESS (If outside, give location)<br>714 N Walker                         |
|   |  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Lillian Belle Martin |  |  | 4. DATE OF DEATH<br>Month Day Year<br>2 - 28 58 |  |  |  |
|--|--|--|---|--|--|--|

|   |                           |   |                                   |  |   |  |
|---|---------------------------|---|-----------------------------------|--|---|--|
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Aug 17 - 1911 | 9. AGE (In years last birthday)<br>46                        | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min.         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>House Wife |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>House wife   |                                   | 11. BIRTHPLACE (City and state or country)<br>Gardner Kansas |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A. |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br>William R. Hermon   |  | 13b. MOTHER'S MAIDEN NAME<br>Mary Frances Holloway |  | 14. NAME OF HUSBAND OR WIFE<br>Thomas Powell Martin |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br>No |  | 16. SOCIAL SECURITY NO.<br>None                    |  | 17. INFORMANT<br>Tom. Powell Martin                 |  |
|   |  |  |  | Address<br>Olathe Kans.                             |  |

|  |                    |  |   |
|--|--------------------|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute yellow atrophy of liver |                    |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>580x  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) UNKNOWN |  |   |
|  | DUE TO (c)         |  |   |
| 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?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |  |  |  |  |  |

|   |  |  |                              |        |       |
|---|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT <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 2/20/58 to 2/27/58 and last saw her alive on 2/27/58  
Death occurred at 2/28/58 1:02 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

|                                  |                           |                                       |                             |
|----------------------------------|---------------------------|---------------------------------------|-----------------------------|
| 22a. SIGNATURE<br>Elias E. Zirul | (Degree or title)<br>D.O. | 22b. ADDRESS<br>4640 Troost, K.C., Mo | 22c. DATE SIGNED<br>2/28/58 |
|----------------------------------|---------------------------|---------------------------------------|-----------------------------|

|  |                      |  |   |
|--|----------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal | 23b. DATE<br>2-28-58 | 23c. NAME OF CEMETERY OR CREMATORY<br>Chapel Hill Cemetery | 23d. LOCATION (City, town, or country)<br>Kansas City, Kansas |
|--|----------------------|--|---|

|  |                   |  |  |
|--|-------------------|--|--|
| 24. FUNERAL DIRECTOR<br>Simmons Funeral Home | ADDRESS<br>K.C.K. | 25. DATE RECD. BY LOCAL REG.<br>3-1-58 | 26. REGISTRAR'S SIGNATURE<br>Newa Marshall |
|--|-------------------|--|--|

Elias E. Zirul USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Donnan K. James* .....

Licensed Embalmer No. *4228* .....

P. O. Address *K.C.K.* .....

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.