

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4242 58-036761  
STATE FILE NUMBER  
225

FILED OCT 29 1958 Registration District No. 150 Primary Registration District No. Registrars No. 225

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lone Jack Van Buren</b>		c. CITY OR TOWN <b>Lone Jack</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home-Lone Jack</b>		d. STREET ADDRESS (If outside, give location) <b>Lone Jack</b>	
3. NAME OF DECEASED (Type or print) First <b>Jeff</b> Middle <b>Thomas</b> Last <b>Martin</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>20,</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 26, 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Highway Department</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Highway</b>	11. BIRTHPLACE (City and state or country) <b>Ashland, Missouri</b>
13a. FATHER'S NAME <b>John W. Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Virgie Winfrey</b>	14. NAME OF HUSBAND OR WIFE <b>Ola Myrtle Martin</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-36-0273</b>	17. INFORMANT <b>Mrs. Ola M. Martin Lone Jack, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 yr.</b>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <b>June 12-56</b> to <b>Dec. 20, 58</b> and last saw <sup>her</sup> him alive on <b>10-20-58</b> Death occurred at <b>10-20-58 7:45 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Clint Miller MD</b> (Degree or title)		22b. ADDRESS <b>Lone Jack, Missouri</b>	22c. DATE SIGNED <b>10/21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 22, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lone Jack Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lone Jack, Missouri</b>
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 Troost</b>	25. DATE RECD. BY LOCAL REG. <b>10-21-1958</b>
26. REGISTRAR'S SIGNATURE <b>N. B. Royce</b>			

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Dr. Charles Nelson  
1958 DEC 8

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 *R. E. Nelson* .....

Licensed Embalmer No. *41997* .....  
P. O. Address *R. E. Nelson* .....

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.