

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040082

STATE FILE NUMBER

5591

FILED DEC 11 1958

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

S. 300
1-57

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| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3646 Troost | | Length of stay in lb 33 yrs | d. STREET ADDRESS (If outside, give location) 3646 Troost Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALICE MARTIN | | | 4. DATE OF DEATH Month Day Year November 23 1958 |
| 5. SEX Female | 6. COLOR OR RACE Cauc | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 26, 1882 |
| 9. AGE (In years last birthday) 76 | | FUNDER 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) Laundry | | 10b. KIND OF BUSINESS OR INDUSTRY Laundry | 11. BIRTHPLACE (City and state or country) Waynesboro, Virginia |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Osborn W. Brown | |
| 13b. MOTHER'S MAIDEN NAME Bessie (Unknown) | | 14. NAME OF HUSBAND OR WIFE Edward Martin (Separated) | |
| 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. 499-16-3052 | |
| 17. INFORMANT (Daughter) Address Mrs. Aulsie Dykes, 4545 Bell, K. C. Mo. | | 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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) History of Epilepsy | |
| INTERVAL BETWEEN ONSET AND DEATH | | 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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh H. Owens Embalmer | | 22b. ADDRESS 1034 Platte Bldg | 22c. DATE SIGNED 11-25-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov 26, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery | 23d. LOCATION (City, town, county) (State) Independence, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost | | 25. DATE RECD. BY LOCAL REG. 11-26-58 | 26. REGISTRAR'S SIGNATURE Neva Minshall |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Hugh H. Owens USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *[Handwritten Signature]*

Licensed Embalmer No. *4997*

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.