

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040083

STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5382

S. 300  
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>9150 OVERLAND PARK</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL 30 days</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>5705 REEDS ROAD</b>
3. NAME OF DECEASED (Type or print) First <b>KATE</b> Middle Last <b>MARTIN</b>		4. DATE OF DEATH Month <b>NOV.</b> Day <b>12</b> Year <b>1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-3-1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>58</b>
11. BIRTHPLACE (City and state or country) <b>MARIES COUNTY MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Geo. Palmer</b>		13b. MOTHER'S MAIDEN NAME <b>Oliver Blankenship</b>	14. NAME OF HUSBAND OR WIFE <b>Bert 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>unk</b>	17. INFORMANT <b>JACK MARTIN</b> Address <b>8509 E BY OVERLAND PARK, KS.</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>Metastatic Carcinoma, Abdomen.</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1750</b>	
Conditions, if any, which gave rise to above cause (a), storing the underlying cause last. DUE TO (b) <b>Residual mucinous Cyst-Adeno-</b>		ONSET AND DEATH <b>6 mo.</b>	
DUE TO (c) <b>Carcinoma, both Breasts.</b>		<b>3 yrs.</b>	
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.) <b>1750</b>	
20c. TIME OF INJURY Hour Month, Day, Year 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 <b>10-20-58</b> to <b>11-12-58</b> and last saw her <sup>her</sup> alive on <b>11-12-58</b> Death occurred at <b>9:10 am.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. A. Wilkinson, M.D.</b> (Degree or title)		22b. ADDRESS <b>1332 Professional Bldg</b>	22c. DATE SIGNED <b>11-12-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>NOV-13-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>-</b>	23d. LOCATION (City, town, or county) (State) <b>BERIA MISSOURI</b>
24. FUNERAL DIRECTOR <b>D. W. Newcome's Sons, K.C. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>

E. A. WILKINSON

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 *W. J. Talson* .....

Licensed Embalmer No. *4401* .....

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.