RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032474

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4558

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Marshall
c. CITY OR TOWN Frankfort — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route 3 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle E. Last Martin

4. DATE OF DEATH Month 9th Day 17th Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-2-94
9. AGE (last birthday) 65 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Washington County, Ks
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charles Martin
13b. MOTHER'S MAIDEN NAME Anna Knott
14. NAME OF HUSBAND OR WIFE Merwina Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 9-20-17 to 8-26-19
16. SOCIAL SECURITY NO. —
17. INFORMANT Address V.A. Hospital, Kansas City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Abscess of LLL with bronchopneumonia and empyema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Squamous cell carcinoma of left lung
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ VA
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. // attended the deceased from September 14, 1959, to September 17, 1959 ~~and last saw him~~

Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ALBERT L. CHASSON, MD. Albert L. Chasson MD
22b. ADDRESS V.A. Hospital, Kansas City, Mo
22c. DATE SIGNED 9-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9/18/1959
23c. NAME OF CEMETERY OR CREMATORY Annunciation Cemetery
23d. LOCATION (City, town, or county) (State) Frankfort Kansas

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG. 9-19-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Roger F. Fuller

Signature of Student Embalmer

Licensed Embalmer No. 4818

P. O. Address K.C., MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.