

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

60-001740  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 340

DEED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in 1b <b>1 month</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>319 E. Pacific</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First <b>CARRIE</b> Middle <b>E.</b> Last <b>MARTIN</b>				4. DATE OF DEATH Month <b>January</b> Day <b>19,</b> Year <b>1960</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>4-23-1895</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (City and state or country) <b>Louisburg, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Hendrickson</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown Baker</b>		14. NAME OF HUSBAND OR WIFE <b>Micheal K. Martin-dec'd.</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>509-36-6413</b>		17. INFORMANT Address <b>Frank Martin, 415 So. Denver, K.D.No.</b>			
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) <b>Arteriosclerotic Heart Disease</b>							<b>13 years</b>
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 (a) <b>Diabetes Mellitus</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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							
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>9/13/46</b> to <b>1/18/60</b> and last saw her <sup>him</sup> alive on <b>1/18/60</b> Death occurred at <b>12:20 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>M.R. Baker</b> (Degree or title)				22b. ADDRESS <b>4000 Baltimore Kansas City, Mo</b>		22c. DATE SIGNED <b>1/20/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-21-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Valley Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stanley, Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. H. BECKETT

Jackson  
 Kansas City  
 Trinity Lutheran Hosp.  
 E. M. Martin  
 GARNIE  
 Female  
 Kansasville  
 Charles Hendrickson  
 no  
 209-36-6412 Frank Martin, 612 So. Denver, K.C. Mo.  
 Unknown Baker  
 Domestic  
 Lonsburg, Kansas  
 U.S.A.  
 4-23-1892  
 JANUARY 12, 1900

**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 \_\_\_\_\_  
 Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

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