DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-001743

FILED VS FEB 4 1960 49

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 377

STATE FILE NUMBER

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 — Length of stay in 1b: 40 yrs	c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1306 Olive — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 1306 Olive — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: LEETTA	Middle:	Last: MARTIN
4. DATE OF DEATH	Month: January	Day: 21,	Year: 1960
5. SEX: Female	6. COLOR OR RACE: Negro	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 7-8-1899
9. AGE (last birthday): 60 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): Domestic	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Nevada, Missouri	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Jake Tucker	13b. MOTHER'S MAIDEN NAME: Emma	14. NAME OF HUSBAND OR WIFE: William Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 488-36-0024	17. INFORMANT: Eslean Bruce	Address: 2615 E. 12th Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary Edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Myocardial Insufficiency

DUE TO (c): Chronic Cardiac Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH

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 ☐

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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Deputy Coroner — Degree or Title: F. Tillman M.D.

22b. ADDRESS: 1618 Lydia Ave.

22c. DATE SIGNED: 1/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-25-60

23c. NAME OF CEMETERY OR CREMATORY: Highland

23d. LOCATION (City, town, or county) (State): Kans. City, Missouri

24. FUNERAL DIRECTOR: Watkins Bros. Funeral Home 18th & Benton — ADDRESS

25. DATE RECD. BY LOCAL REG.: 1-22-60

26. REGISTRAR'S SIGNATURE: Neva Mizshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. M. Tillman

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 Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4520

P. O. Address 18th & Be

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