

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015498

FILED VS MAY 9 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2216

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in 1b <u>12 DAYS</u>	c. CITY OR TOWN <u>EDBERTON</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NONE</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>JOHN</u>	Middle <u>L.</u>	Last <u>MARTIN</u>	4. DATE OF DEATH	Month <u>APRIL</u>	Day <u>17</u>	Year <u>1960</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 10, 1938</u>	9. AGE (last birthday) <u>21</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DIESEL</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS CITY Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>GLOVER MARTIN</u>	13b. MOTHER'S MAIDEN NAME <u>IOWA KEENE</u>	14. NAME OF HUSBAND OR WIFE <u>ARNETTE MARTIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES JUN 1, 55 - JUN 2, 59</u>	16. SOCIAL SECURITY NO. <u>492-38-0337</u>	17. INFORMANT Address <u>GLOVER MARTIN, EDBERTON, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Generalized Peritonitis</u>	<u>48 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Perforation of Colon</u>	<u>11 days</u>
	DUE TO (c) <u>Ulcerative Colitis</u>	<u>3 months</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY	Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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
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21. I attended the deceased from Jan 60 to death and last saw him alive on 17 Apr 60
Death occurred at 1:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Duval H. Hester M.D.</u>	22b. ADDRESS <u>2000 Baltimore Rd</u>	22c. DATE SIGNED <u>19 Apr 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>April 20, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MADE HILL CEMETERY WYANDOTE COUNTY, KANSAS</u>	23d. LOCATION (City, town, or county) <u>(9)re</u>
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24. FUNERAL DIRECTOR <u>M. W. ALBERT</u>	ADDRESS <u>6800 TROOST</u>	25. DATE RECD. BY LOCAL REG. <u>4-20-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Cassatt
4000 Baltimore
Va. 5115

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 Clare V. Canby

Licensed Embalmer No. 4934
P. O. Address KC, 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.