

MARTIN

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027459

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 70

FILED JUL 18 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 **Prairie Twp.** Length of stay in 1b **64 years**

c. CITY OR TOWN **Prairie Twp.** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2 Mi. E. Lee's Summit** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2 Mi. E. of Lee's Summit** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Benjamin William Martin **July 15, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Sept. 16, 1897** 9. AGE (last birthday) **64**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and state or country) **Lee's Summit, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Martin** 13b. MOTHER'S MAIDEN NAME **Armintha Kreeger** 14. NAME OF HUSBAND OR WIFE **Florence Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW I** 16. SOCIAL SECURITY NO. [] 17. INFORMANT Address **Summit, Mo.**
Mrs. Florence Martin, RR1, Lee's

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pulmonary Edema** INTERVAL BETWEEN ONSET AND DEATH **7 days**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Pulmonary fibrosis and Emphysema** **2 yrs.**
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 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 **6/4/60** to **7/15/62** and last saw him alive on **7/15/62**
Death occurred at **8:50** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **M.D. Durrell** 22b. ADDRESS **M.D. Lee's Summit, Mo.** 22c. DATE SIGNED **7/15/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **July 17, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Lee's Summit Cemetery** 23d. LOCATION (City, town, or county) (State) **Lee's Summit, Mo.**

24. FUNERAL DIRECTOR **Langsford Funeral Home** ADDRESS **Lee's Summit, Missouri** 25. DATE RECD. BY LOCAL REG. **7-16-1962** 26. REGISTRAR'S SIGNATURE **D. B. Langsford**

JUL 19 1962

ADG 29 1962

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 *N. B. Kingsford*
Licensed Embalmer No. 4962

P. O. Address *Lees Summit, 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.