

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-006805
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 678

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 18 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 14 Yrs.</p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmwood Nursing Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4600 E. 31st</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY Jackson</p> <p>c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) 2711 Grove Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last Arron Wm. Martin</p>	
<p>4. DATE OF DEATH Month Day Year 1 31 63</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE Negro</p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10-27-83</p>
<p>9. AGE (last birthday) 79</p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY General Motors</p>
<p>11. BIRTHPLACE (City and state or country) Collinsville, Ill.</p>	<p>12. CITIZEN OF WHAT COUNTRY U.S. A.</p>
<p>13a. FATHER'S NAME Unknown</p>	<p>13b. MOTHER'S MAIDEN NAME Unknown</p>
<p>14. NAME OF HUSBAND OR WIFE Mary Martin</p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No</p>
<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Mary Martin Address 2711 Grove</p>
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Myocardial Infarction</p> <p style="text-align: center;">DUE TO (b) Arterio Sclerotic Heart Disease</p> <p style="text-align: center;">DUE TO (c)</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Age & Senility</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 1/15/63 to 1/21/63 and last saw her alive on 1/21/63</p> <p>Death occurred at 11:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22. SIGNATURE (Degree or title) Arthur M. Brady M.D.</p>	<p>22b. ADDRESS 3039 Brooklyn</p>
<p>22c. DATE SIGNED 2/1/63</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 2-4-63</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Kansas City, Mo.</p>	
<p>24. FUNERAL DIRECTOR Jones & Stevens ADDRESS 2315 Linwood</p>	<p>25. DATE RECD. BY LOCAL REG. 2-1-63</p>
<p>26. REGISTRAR'S SIGNATURE Ruth Long</p>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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Official Embalmer

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 _____
Licensed Embalmer No. _____
P. O. Address _____

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.