

FILED MAY 28 1969

CERTIFICATE OF DEATH

124

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Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 49DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Martin Gantt</u>			2. <u>Male</u>	3. <u>May 16, 1969</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>Negro</u>	5a. <u>58</u>	5b.	5c.	6. <u>Oct. 22, 1910</u>		7a. <u>Clay</u>
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Excelsior Springs</u>			7c. <u>Yes</u> 7d. <u>MOA</u> 7e. <u>Moores Bath House 302 N. Main</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>USA</u>		10. <u>Widowed</u>		11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>Unknown</u>		13a. <u>Laborer</u>		13b. <u>General</u>		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. <u>Missouri</u>		14b. <u>Clay</u>	14c. <u>Excelsior Springs</u>		14d. <u>Yes</u>	14e. <u>302 N. Main St.</u>
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Smith Gantt</u>			16. <u>Pearl McShears</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Hazel Slaughter</u>			17b. <u>304 N. Main St. Liberty, Missouri 64068</u>			
PART I. DEATH WAS CAUSED BY.			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			<u>Coronary Thrombosis A.D.A.</u>			
(a) DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST			(b) DUE TO, OR AS A CONSEQUENCE OF:			
			(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a. <u>AB</u>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED (HOUR)	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	21b. TO	21c.	21d.	21e.	21f.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	MONTH DAY YEAR	HOUR
22a.			M. 22b.	22c.	22d.	22e.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>O-S. PATENY, CORONER</u>			23b. <u>[Signature]</u>	23c. <u>M.D.</u>	23d. <u>5/21/69</u>	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23e.			23f.	23g.	23h.	23i.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	STATE
24a. <u>Burial</u>	24b. <u>Fairview Cemetery</u>		24c. <u>Liberty, Missouri</u>			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <u>May 20, 1969</u>	24e. <u>Church-Archer Co. 111 N. Water St. Liberty, Missouri 64068</u>					
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>Harold S. Smith</u>			25b. <u>Barlene Hutchings</u>	25c. <u>5-18-69</u>		

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 2

10a. 58

10b. 92

11. 0

12. 2

13. 4109

14. 4

15. 6001

16. 6001

17. B

19. CREDITS

20. 1-0

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 Harold H. Smith

Licensed Embalmer No. 4275

P. O. Address Liberty, 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.