

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40438

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 2048

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Cuyahoga	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN So. Campbell Twp. Rural		c. CITY (If outside corporate limits, write RURAL and give township) Cleveland 8340	
c. LENGTH OF STAY (in this place) 4 mos. 6 day		d. STREET ADDRESS (If rural, give location) 3509 Independence Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center For Federal Prisoners			

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD	b. (Middle) PAUL	c. (Last) MARTINSKI	4. DATE OF DEATH (Month) (Day) (Year) December 25, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 14, 1931	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Hours	IF UNDER 2 MRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Varied	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Fred Martinski	13b. MOTHER'S MAIDEN NAME Clara Machnicki	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 7-27-48 to 8-26-49	17. INFORMANT'S SIGNATURE OR NAME File, MCFP, Springfield, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. app
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of gastro-intestinal tract		
	ANTECEDENT CAUSES DUE TO (b) Laennec's cirrhosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Splenamegaly, due to partial obstruction			5811

19a. DATE OF OPERATION 12-8-50	19b. MAJOR FINDINGS OF OPERATION Enlarged spleen, cirrhosis of liver.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I, The Medical Staff, attended the deceased from Aug. 17, 1950, to Dec. 25, 1950, that I last saw the deceased alive on Dec. 25, 1950, and that death occurred at 10:05 am., from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck, M.D., Clinical Director (Degree or title)	23b. ADDRESS Medical Center for Federal Prisoners Springfield, Mo.	23c. DATE SIGNED 12-26-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/26/50	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Cleveland, Ohio
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DATE REC'D BY LOCAL REG. 12-27-50	REGISTRAR'S SIGNATURE W E Handley WDO	25. FUNERAL DIRECTOR'S SIGNATURE Dunn-Ayre-Goodwin	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0390

JAN 3 01 53

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.

Signed

Julian Godwin

Licensed Embalmer No. *4562*

P. O. Address

Springfield, Mo

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.