

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12945

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	c. LENGTH OF STAY (in this place) <u>1 yr. 6 mo.</u>	c. CITY OR TOWN <u>Moberly</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1128 Buchanan Street</u>		STREET ADDRESS (If rural, give location) <u>1128 Buchanan Street</u> <u>0883</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Carl</u> c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>3</u> <u>55</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	8. DATE OF BIRTH <u>Dec. 11, 1946</u>	9. AGE (in years last birthday) <u>8</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Marlin Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marlin Martin 1128 Buchanan</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>Moberly, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor, Ependymoma of fourth ventricle</u>		
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (b) <u>Had suboccipital Crani-ectomy for removal of tumor</u>		
	DUE TO (c) <u>8-11-54 on 3 May 55 had almost continuous convulsions &amp; died</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>193 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from 1 Aug 1954, to 3 May 1955, that I last saw the deceased alive on 2 May 1955, and that death occurred at 5 P m. from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Chute</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>208 1/2 N. 4th Moberly, Mo. 6 May 55</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-5-55</u>	24c. NAME OF CEMETERY OR CREMATORIA <u>Bonne Femme</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Columbia 5mi, Mo</u>

DATE REC'D BY LOCAL REG. <u>5-5-55</u>	REGISTRAR'S SIGNATURE <u>Leah W. Howe</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>269 Lyman Sprinkle</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, ~~only~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman Spunkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.