

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30265

STATE FILE NUMBER

FILED OCT 2 1956

Registration District No. 96 Primary Registration District No. 5352 Registrar's No. 58

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TUNAS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>TUNAS</u> <u>0.300</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 mile North life</u>			Length of stay in 1b <u>life</u>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>MARTIN</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>27</u> Year <u>1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 10, 1870</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 24 HRS. Months <u>17</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and state or country) <u>URBANA, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>MIKE MARTIN</u>				14. MOTHER'S MAIDEN NAME <u>MARDA KAISER</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>?</u>			16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT Address <u>Beulah Kelso TUNAS, MO.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>151X</u>							
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
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 <u>7-54</u> to <u>9-27-56</u> and last saw <u>him</u> alive on <u>9-25-56</u> Death occurred at <u>7:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W. O. Gammum</u> (Degree or title)				22b. ADDRESS <u>W. O. Buffalo Mo.</u>		22c. DATE SIGNED <u>9-24-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9/29/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>		23d. LOCATION (City, town, or county) (State) <u>NEAR TUNAS, MO.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>JONES FUNERAL HOME Buffalo, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9/30/56</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Grace Petree</u>				

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Gene B. Hunter*

Licensed Embalmer No. *47*

P. O. Address *Buffal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I 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.