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REG. 18653 SL 8263

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35887
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8611

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA HOSPITAL 915 N. Grand — Length of stay in 1b: 19 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Troy — Inside Limits Yes ☐ No X
d. STREET ADDRESS: Route 1 (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First: Lindon Middle: B. Last: Martin
4. DATE OF DEATH: Month Day Year: 9-15-56
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-20-87
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 2 Days 25 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Troy, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel B. Martin
14. MOTHER'S MAIDEN NAME: Nancy Clard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 499124772
17. INFORMANT: VA HOSPITAL RECORDS, ST. LOUIS, MO. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 mos. —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of bladder — 9 mos. +
DUE TO (c): 181 X A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Pulmonary tuberculosis
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-27-56, to 9-15-56 and last saw ~~her~~ him alive on 9-15-56
Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William T. Fitzgerald (Degree or title) M.D. — WILLIAM T. FITZGERALD
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 9-15-56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept. 17 1956
23c. NAME OF CEMETERY OR CREMATORY: Clark Cemetery
23d. LOCATION (City, town, or county) (State): Lincoln County Mo.
24. FUNERAL DIRECTOR: Wayne McCoy ADDRESS: Troy Mo.
25. DATE RECD. BY LOCAL REG.: SEP 18 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Wayne McCoy

Licensed Embalmer No. 35

P. O. Address Troy

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