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

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 323

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Cape Giradeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Francis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural – Kelso Twp
d. STREET ADDRESS (If rural, give location): 2 miles E of Kelso

1000

3. NAME OF DECEASED (Type or Print)
a. (First): ALBIN
b. (Middle): (NMN)
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 31, 1883
9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Alsace-Lorraine (Europe) 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Casamere Martin
13b. MOTHER'S MAIDEN NAME: Mary Halter
14. NAME OF HUSBAND OR WIFE: Ortha C Blattel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Don't know
17. INFORMANT'S SIGNATURE OR NAME: Theon Martin — ADDRESS: Cape Girardeau, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Wound, Gun Shot (32 cal.) Head — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-5-57
19b. MAJOR FINDINGS OF OPERATION: Wd. Penetrating, Gun Shot. Skull. 976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Kelso, Home
21c. (CITY, TOWN, OR TOWNSHIP): Kelso — (COUNTY): Scott — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 5 57 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gun Shot Wd. Head – Self Inflicted

22. *I hereby certify that I attended the deceased from* 1-5, 1957, *to* 1-6, 1957, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:20a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank Hall — (Degree or title): M. D.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 1-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/57
24c. NAME OF CEMETERY OR CREMATORY: St Augustine's Cem
24d. LOCATION (City, town, or county) (State): Kelso, Missouri

DATE REC'D BY LOCAL REG.: 1-10-57
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Bisplinghoff Funeral Home Illmo, Mo.

(Licensed Embalmer's Statement on Reverse Side)

44 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 .....
Student Embalmer

Signed Oliver C Arnold

Licensed Embalmer No. 4470

P. O. Address Illmo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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