

THE DIVISION OF HEALTH OF MISSOURI 73662-58
STANDARD CERTIFICATE OF DEATH

58-004746
State File No.

FILED FEB 25 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. _____ Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson, Rt-1</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Jackson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>R R-1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD LYMAN</u> b. (Middle) <u>MARTIN</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1958</u>
--	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct. 24, 1957</u>	9. AGE (In years last birthday) <u>4</u> Months <u>23</u> Days _____ Hours _____ Min. _____
-----------------	---------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Cape Girardeau</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	--	--	---

13a. FATHER'S NAME <u>Charles E. Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Winchester</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Martin</u>	ADDRESS <u>Jackson R.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Probable fulminating Staphylococcus pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-8 hours</u>
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) <u>491X</u>
--	--	--

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 Oct. 24, 1957, to Feb 15, 1958 that I last saw the deceased alive on 12/31/57, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Prolinger M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jackson, Missouri</u>	23c. DATE SIGNED <u>2/16/58</u>
---	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>February 18, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	24d. LOCATION (City, town, or county) (State) <u>Lansburg Mo</u>
--	---------------------------------------	--	---

DATE REC'D BY LOCAL REG <u>Feb 24, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer C. Cooper</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u>	ADDRESS <u>Lutesville Mo</u>
--	--	--	---------------------------------

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

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.....
Signature of Student Embalmer

Signed..... *R. O. Laine*

Licensed Embalmer No. *1332*

P. O. Address..... *Jackson, N.J.*

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.