Health, & Welfare Public Service

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1-57

FILED FEB 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005223
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital — Length of stay in 1b 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 212 E 8th (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Ralph Middle Lester Last Martin

4. DATE OF DEATH Month February Day 14 Year 1958

5. SEX Male **6. COLOR OR RACE** White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X] **8. DATE OF BIRTH** October 14 1909 **9. AGE** (In years last birthday) 48 — IF UNDER 1 YEAR: Months 4 Days 2 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer **10b. KIND OF BUSINESS OR INDUSTRY** Canning Factory **11. BIRTHPLACE** (City and state or country) Grundy County Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Abijah Martin **13b. MOTHER'S MAIDEN NAME** Mamie Mc. Collum **14. NAME OF HUSBAND OR WIFE** Juanita Ratliff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** 491-16-5889 **17. INFORMANT** Mrs Ruth Gaches Address Trenton R.R. 2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X

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 Feby 10 to Feby 14 58 and last saw her/him alive on Feby 14 58
Death occurred at 7:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD **22b. ADDRESS** Trenton Mo **22c. DATE SIGNED** 2/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 2/18/1958 **23c. NAME OF CEMETERY OR CREMATORY** Stucker Cemetery **23d. LOCATION** (City, town, or county) Laredo (State) Mo

24. FUNERAL DIRECTOR E.J. Robertson Funeral Home **ADDRESS** Laredo **25. DATE RECD. BY LOCAL REG.** 2-18-58 **26. REGISTRAR'S SIGNATURE** [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 26 1958

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo Mo

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.