FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006593
STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cardwell Hosp — Length of stay in 1b 5 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY McDonald
c. CITY OR TOWN Anderson — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) City — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First William Middle S. Last Martin
4. DATE OF DEATH Month 1 Day 12 Year 58
5. SEX Male
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-10-1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 6 Days 2 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) McDonald Co. Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Geo. Martin
14. MOTHER'S MAIDEN NAME Sarah Sherman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 487-16-2718
17. INFORMANT Mrs. Mae Martin — Address Anderson Mo.

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) Intestinal infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Strangulated intestine
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5703
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 1958, to 11/12/58 and last saw ~~her~~ him alive on 1/12/58
Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.D. 2
22b. ADDRESS Noel, Mo
22c. DATE SIGNED 1/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-14-58
23c. NAME OF CEMETERY OR CREMATORY Anderson Cem.
23d. LOCATION (City, town, or county) Anderson (State) Mo.

24. FUNERAL DIRECTOR Humphrey & Son — ADDRESS Anderson Mo
25. DATE RECD. BY LOCAL REG. 1-27-58
26. REGISTRAR'S SIGNATURE Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
District Health Officer No. Newton
District File Number 258-46
Date Filed FEB 27 1958

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 R. M. Humphrey J

Licensed Embalmer No. 4

P. O. Address Noel

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.