

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022872  
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 282 Primary Registration District No. 5972 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flemington Twp.</b>		c. CITY OR TOWN <b>Flemington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mis. S.E. Flemington all</b>		d. STREET ADDRESS (If outside, give location) <b>Star Route</b>	

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Clinton</b> Last <b>Martin</b>			4. DATE OF DEATH Month <b>6</b> Day <b>10</b> Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1/25/1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Polk County, Missouri</b>	
13. FATHER'S NAME <b>Thomas Martin</b>			14. MOTHER'S MAIDEN NAME <b>Willetta Bennett</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT Address <b>Orlie Cooper, Flemington, Missouri</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b>		
DUE TO (c) <b>4222</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>11:55</b> Month <b>6</b> Day <b>9</b> Year <b>1958</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <b>6-9-58</b> to <b>6-10-58</b> and last saw <sup>her</sup> him alive on <b>6-10-58</b> Death occurred at <b>11:55</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE (Degree or title) <b>D E McCrean M.D.</b>		22b. ADDRESS <b>Bohman Ave</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/12/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Rondo Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Polk County, Missouri</b>	

24. FUNERAL DIRECTOR ADDRESS <b>Beckwith Funeral Home, Humansville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 15 1958</b>		26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per J. Gordon</b>	
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(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 causally 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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *O. H. Beckwith* .....

Licensed Embalmer No. *395*

P. O. Address *Humansville* .....

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