

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029806
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 783

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Maryville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hosp. Length of stay in lb 75grs		d. STREET ADDRESS (If outside, give location) 0142 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alba Middle Martin Last Martin		4. DATE OF DEATH Month 8 Day 8 Year 1958	
5. SEX male	6. COLOR OR RACE colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH unknown
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		9b. KIND OF BUSINESS OR INDUSTRY day laborer	9c. AGE (In years last birthday) 75 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) laborer		10b. KIND OF BUSINESS OR INDUSTRY day laborer	10c. BIRTHPLACE (City and state or country) Maryville Mo. 10d. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Stephen Martin		13b. MOTHER'S MAIDEN NAME Dollie Martin	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Rev E. B. Martin - Hannibal Mo Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis + anemia DUE TO (b) General arteriosclerosis causing arteriosclerotic heart disease DUE TO (c) hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 2
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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6/30/58 to 8/10/58 and last saw him alive on 8/10/58 Death occurred at 7pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. B. Byland M.D.		22b. ADDRESS Maryville Mo	
22c. DATE SIGNED 8/12/58		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 8/13/58		23c. NAME OF CEMETERY OR CREMATORY Oak Hill	
23d. LOCATION (City, town, or county) Maryville Mo		(State)	
24. FUNERAL DIRECTOR McIntosh Maryville Mo ADDRESS 5-15-58		25. DATE RECD. BY LOCAL REG. 8-15-58	
26. REGISTRAR'S SIGNATURE Bessford			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 G. M. [Signature]

Licensed Embalmer No. 334
P. O. Address Marshall

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.