

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032364

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 926B

300

7-57

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Linn Creek</b> 0150<br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>   |                                  | Length of stay in lb<br><b>6 weeks</b>  | d. STREET ADDRESS (If outside, give location)<br><b>Rural Route</b><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First <b>T</b> Middle <b>M</b> Last <b>Martin</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>24</b> Year <b>1958</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 22, 1920</b>   |
| 9. AGE (In years last birthday)<br><b>37</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>WOOD WORKER</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Camden County, Missouri</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>WOOD WORKER</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>novelty</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |
| 13a. FATHER'S NAME<br><b>William Levi Martin</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mandy Ellen Leffert</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Marvel Wanger Martin</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>497-12-8737</b>   | 17. INFORMANT Address<br><b>Marvel Wanger Martin Linn Creek, Mo.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Metastatic Cancer of liver.</b><br>DUE TO (b) <b>1450</b><br>DUE TO (c) <b>Primary Ca. l. Lousiel.</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).<br><b>Broncho pneumonia Terminal</b> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b>  |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.   |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from Death occurred at <b>8/14/58</b> to <b>9/24/58</b> and last saw her/him alive on <b>9/24/58</b><br><b>10:10 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Chas E Lockhart MD</b>   |                                  | 22b. ADDRESS<br><b>609 Cherry</b>   | 22c. DATE SIGNED<br><b>9/26/58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>Sept. 27, 1958</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lebanon Cemetery</b>  |
| 23d. LOCATION (City, town, or county)<br><b>Lebanon, Missouri</b>   |                                  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Hedges Funeral Homes, Inc Crocker, Mo</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>9-29-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Melton</b>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 9 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 *Walter P. Hedge* .....

Licensed Embalmer No. 4265 .....

P. O. Address Iberia, Missouri .....

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.