

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040772  
STATE FILE NUMBER

FILED NOV 21 1958 Registration District No. 2-12 Primary Registration District No. 3044 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELdon		c. CITY OR TOWN ELdon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303-W-3 <sup>rd</sup>		d. STREET ADDRESS (If outside, give location) 303-W-3 <sup>rd</sup>	
3. NAME OF DECEASED (Type or print) First Middle Last William-Mathias-Martin		4. DATE OF DEATH Month Day Year Nov-2-1958	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 18 Dec-1898
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN	10b. KIND OF BUSINESS OR INDUSTRY RAIL-ROAD
11. BIRTHPLACE (City and state or country) Miller-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Seigel-Martin		13b. MOTHER'S MAIDEN NAME Lottie-Vaughn	
14. NAME OF HUSBAND OR WIFE Bessie-Upton-Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE	
16. SOCIAL SECURITY NO. 497-14-7149		17. INFORMANT Bessie-Martin- Address ELdon-Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the urinary bladder o metastasis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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.) NONE	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE ELdon Mo	
21. I attended the deceased from Oct 10, 1957 to 11/3/58 and last saw him alive on 11/3/58 Death occurred at 7:35 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robt. E. Inman D.O.		22b. ADDRESS ELdon Mo	
22c. DATE SIGNED 3 Nov-1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4 Nov-1958		23c. NAME OF CEMETERY OR CREMATORY Lamm	
23d. LOCATION (City, town, or county) (State) Miller-Co-Mo		24. FUNERAL DIRECTOR Keith M. Fays ADDRESS ELdon-Mo	
25. DATE RECD. BY LOCAL REG. Nov. 3, '58		26. REGISTRAR'S SIGNATURE Calveretta W. Dalt	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 26 1959

DEC 5 1958

Miller County  
Health Department

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 *Keith M. Kaye* .....  
Licensed Embalmer No. *3998* .....  
P. O. Address *Eldon 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.