

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043940

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 129

300
1-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Arcadia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural-Arcadia 0470
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR THE Home for INSTITUTION Aged Baptists		Length of stay in 1b lyr. lmo. 1 da.	d. STREET ADDRESS 1 1/2 mi. E. on Hwy. 70
3. NAME OF DECEASED (Type or print) First Middle Last William M. Martin			4. DATE OF DEATH Month Day Year Dec. 11, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired minister		10b. KIND OF BUSINESS OR INDUSTRY Serving Baptist	9. AGE (In years last birthday) 91
11. BIRTHPLACE (City and state or country) Holden, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME J. P. Martin		13b. MOTHER'S MAIDEN NAME Fiza Hunter	
14. NAME OF HUSBAND OR WIFE Fannie M. Martin		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. none		17. INFORMANT Address Dolores Weiss, Ironton, 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) Generalized arteriosclerosis.			INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign prostatic hypertrophy.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 10-1-57 to 12-11-58 and last saw her alive on 12-6-58 Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marvin C. Menne, M.D.		22b. ADDRESS 109 N. Main, Ironton, Missouri	
		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-12-58	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Springfield, Missouri	
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 12-11-58	
		26. REGISTRAR'S SIGNATURE Mrs. Aris Jones	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 MAX N. WHITE, Student Embalmer No. 561 working under my personal supervision.

Student Max N. White
Signature of Student Embalmer

Signed Max N. White

Licensed Embalmer No. 3012

P. O. Address Spartan

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.