THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000988
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Greene b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Baptist Hospital — Length of stay in Ib few mins.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone c. CITY OR TOWN Highlandville, RFD — Inside Limits Yes [ ] No [X] d. STREET ADDRESS (If outside, give location) 6 miles West — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First DALLAS Middle ROOSEVELT Last MARTIN

4. DATE OF DEATH Month Jan. Day 29 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Oct. 6, 1901

9. AGE (In years last birthday) 57 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Christian Co., Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Martin

13b. MOTHER'S MAIDEN NAME Martha Howard

14. NAME OF HUSBAND OR WIFE Ella Flood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Mrs. Ella Martin, Highlandville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	post operative Hemorrhage	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Tracheotomy	1 week
DUE TO (c)	Carcinoma Larynx	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 161X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-29-59, to ____ and last saw him alive on 1-29-59. Death occurred at 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS Springfield Mo

22c. DATE SIGNED 1-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/3/1959

23c. NAME OF CEMETERY OR CREMATORY Flood Cemetery

23d. LOCATION (City, town, or county) (State) Highlandville, Missouri

24. FUNERAL DIRECTOR J. Dean Harris

ADDRESS Clever, Mo.

25. DATE RECD. BY LOCAL REG. 2-4-59

26. REGISTRAR'S SIGNATURE Effie L. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 .....J. Dean Harris.....

Licensed Embalmer No. 4390

P. O. Address ....Clever, 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.