Health, Welfare Public Service
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300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005048
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 115-116 Primary Registration District No. 4187 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) UNION — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AT HOME — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY FRANKLIN
c. CITY OR TOWN UNION 0361 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1011 N. DELMAR — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ROBERT Middle MICHAEL Last MARTIN

4. DATE OF DEATH Month FEB. Day 24, Year 1959

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH SEPT. 29, 1891

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 4 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) VIENNA, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS MARTIN
13b. MOTHER'S MAIDEN NAME CHRISTENA OWENS
14. NAME OF HUSBAND OR WIFE ELLEN MARTIN

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. 492-09-9707
17. INFORMANT MRS. ELLEN MARTIN Address UNION, MO.

MEDICAL CERTIFICATION

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 Prostate — INTERVAL BETWEEN ONSET AND DEATH 8 Mo
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) 177X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 8-11-58, to 2-24-59 and last saw her/him alive on 1-17-59
Death occurred at ~~1-17~~ 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. M. Stuhlman (Degree or title) M.D.
22b. ADDRESS Union, Mo
22c. DATE SIGNED 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB. 28, 1959
23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION
23d. LOCATION (City, town, or county) UNION (State) MO.

24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.
25. DATE RECD. BY LOCAL REG. 3/27/59
26. REGISTRAR'S SIGNATURE F. P. Stuhlmann

(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

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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Unionville, 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.