

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008060

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 323 Primary Registration District No. 447 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Sweet Springs		c. CITY OR TOWN Sweet Springs ⁰⁹⁷⁰ / ₂	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Forsythe Restorium		d. STREET ADDRESS Bridge Street	
Length of stay in 1b 20 months		(If outside, give location)	
		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle Oliver Last Martin			4. DATE OF DEATH Month March Day 3 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 11, 1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Field Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Greenwood County, Kansas US	
13. FATHER'S NAME Thomas B. Martin			14. MOTHER'S MAIDEN NAME Melissa Green Forbes		
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 Rev. E. B. Hensley, Sweet Springs, 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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Glomerulonephritis		6 years
	DUE TO (c) Prostatic Hypertrophy		1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (n) 610x		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.)	
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <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 **1954** to **1959** and last saw her alive on **2-3-59**
Death occurred at **7:40 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Sign or type) <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED 3-4-59
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23a. BURIAL OR CREMATION REMOVAL (Specify) Burial	23b. DATE March 5, 1959	23c. NAME OF CEMETERY OR CREMATOR Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.
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24. FUNERAL DIRECTOR <i>[Signature]</i>	ADDRESS Sweet Springs, Mo	25. DATE RECD. BY LOCAL REG. March 5, 1959	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Charles A. Worley, M.D.
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. F. Lasker*.....

Licensed Embalmer No. 3840

P. O. Address Sweet Spr1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.