

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008975
STATE FILE NUMBER

LED MAR 30 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 77

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Ray</i>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Richmond</i> 18910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Francis Hosp.</i>		Length of stay in lb <i>4 days</i>	d. STREET ADDRESS (If outside, give location) <i>320 E. Black Diamond</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>George R. MARTIN</i>		4. DATE OF DEATH Month Day Year <i>March 23 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 4, 1904</i>
9. AGE (In years last birthday) <i>54</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life when it is retired) <i>Mechanical Motor Boat Co. U.S. Eng. Nav. Dept. Miami Station, Mo.</i>	11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>George Martin</i>	13b. FATHER'S MAIDEN NAME <i>Lilly Hoefner</i>
14. NAME OF HUSBAND OR WIFE <i>Mable Grace Martin</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, to what unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mable G. Martin, Richmond, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>MYOCARDIAL INFARCTION</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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) <i>DIABETES MELLITUS</i>			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.) <i>42.01</i>	
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 <i>3-20-59</i> to <i>3-23-59</i> and last saw ^{him} alive on <i>3-23-59</i> Death occurred at <i>11:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George M. Workman M.D.</i>		22b. ADDRESS <i>HERMANN, MO</i>	
22c. DATE SIGNED <i>3-24-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>March 26, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Richmond Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Richmond Missouri</i>
24. FUNERAL DIRECTOR <i>Carter Funeral Home, Richmond, Mo.</i>	25. DATE REGD. BY LOCAL REG. <i>3/20/59</i>	26. REGISTRAR'S SIGNATURE <i>George M. Workman</i>	

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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 *Lester H. Pitt*

Licensed Embalmer No. *3254*
P. O. Address *Washington, Va.*

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.