

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009074
STATE FILE NUMBER

APR 6 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 331

300
1-57

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1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo' b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0376 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Burge Hospt		Length of stay in lb 1 39yrs	d. STREET ADDRESS (If outside, give location) 603 Benton Ave' Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRED MARTIN			4. DATE OF DEATH Month Day Year Mar' 27 1959
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar' 20 1920
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (City and state or country) Springfield Mo' 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Fred Martin		13b. MOTHER'S MAIDEN NAME Zella Reeves	14. NAME OF HUSBAND OR WIFE None
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. unknown	17. INFORMANT Fred Martin 603 Benton Ave' Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wounds in Abdomen & Chest			INTERVAL BETWEEN ONSET AND DEATH few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			981X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) HE WAS SHOT BY ANOTHER MAN WITH A 22CAL. RIFLE	
20c. TIME OF INJURY Approx 10:45 p.m. MAR. 27, 1959		THE CORONERS JURY FOUND HE WAS SHOT BY ONE DANIEL FREEMAN	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) ON CITY STREET (MULRO)	20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ralph H. Trine		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 31 Mar 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 3 1959	23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial
23d. LOCATION (City, town, or county) Springfield		23e. (State) Mo'	
24. FUNERAL DIRECTOR H.Y. Smith 602 N. Jefferson St		25. DATE RECD. BY LOCAL REG. 4-2-59	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms with or related. 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert V. Smith*

Licensed Embalmer No. *4286*

P. O. Address *Springfield*

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.