Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012230
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Berry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincents Hospital — Length of stay in 1b: 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Lawrence
c. CITY OR TOWN Pierce City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 306 Spruce — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Alfred; Middle (none); Last Martin

4. DATE OF DEATH: Month 4; Day 11; Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 6/29/1884

9. AGE (In years last birthday) 74 — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W.H. Martin

13b. MOTHER'S MAIDEN NAME UNknown

14. NAME OF HUSBAND OR WIFE Mrs. Virgie 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. 500-09-1137

17. INFORMANT Mrs. Virgie Martin — Address: Pierce City, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 4-11-59, to 4-11-59 and last saw ~~her~~ him alive on 4-11-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. Edwards MD (Degree or title)

22b. ADDRESS Monett, Mo

22c. DATE SIGNED 4-15-59

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

23b. DATE 4/15/1959

23c. NAME OF CEMETERY OR CREMATORY City Cemetery

23d. LOCATION (City, town, or county) (State) Pierce City, Mo.

24. FUNERAL DIRECTOR William J. Wessell — **ADDRESS** Pierce City, Mo.

25. DATE RECD. BY LOCAL REG. 5-7-59

26. REGISTRAR'S SIGNATURE Mrs P.M. Cook

(Licensed Embalmer's Statement on Reverse Side)

DATE REC. [illegible]

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 .....me....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address [illegible]

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.