Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016996
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 186

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Illmo — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GEBHARDT Middle ANTHONY Last MARTIN, JR.

4. DATE OF DEATH: Month May Day 7 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Aug 18, 1898
9. AGE (In years last birthday): 60 — 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): Plumber & Roofer
10b. KIND OF BUSINESS OR INDUSTRY: R.R. & Plumbing
11. BIRTHPLACE (City and state or country): Alton, Illinois
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Gebhardt A. Martin
13b. MOTHER'S MAIDEN NAME: Theresa KLOPFER
14. NAME OF HUSBAND OR WIFE: Doris Knox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-10-7413
17. INFORMANT: Gipp A. Martin — Address: 7820 Meridian, St. Louis County, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. 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) Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic Aneurysm with Dissecting Hematoma
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Carcinoma, right lung (primary) 451XH

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

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 May 6, 1959, to May 7, 1959 and last saw him alive on May 7, 1959
Death occurred at 10:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Rose B. Thompson, D.O. (Degree or title)
22b. ADDRESS: 105 So. Spanish, Cape Girardeau, MO.
22c. DATE SIGNED: 5/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-11-59
23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Cem
23d. LOCATION (City, town, or county) (State): Illmo, Missouri

24. FUNERAL DIRECTOR: Berpling — ADDRESS: Illmo, Mo.
25. DATE RECD. BY LOCAL REG.: 5-18-1959
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

VS JUN 22 1960

MAY 28 1959

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 Oliver C. Smith

Licensed Embalmer No. 4470

P. O. Address Lebanon, Me

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.