

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027834

FILED VS JUL 21 1959

STATE FILE NUMBER

58

Registration District No. 337 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shelby	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North River Twsp		Length of stay in 1b 37 Years	c. CITY OR TOWN North River Twsp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North of Emden, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 Miles North of Emden, Mo.

3. NAME OF DECEASED (Type or print) First Weldon Middle Stanley Last Martin			4. DATE OF DEATH Month July Day 11 Year 1959	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/29/1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and state or country) Shelby County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Samuel Stanley Martin	13b. MOTHER'S MAIDEN NAME Rebecca Gay Durrett	14. NAME OF HUSBAND OR WIFE Alta B. Martin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 498 40 0844	17. INFORMANT Mrs. Alta Martin, Emden, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable death diagnosed not certainly Probably carcinoma. He had had angina pectoris 2 yrs. Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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
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21. I attended the deceased from **not attended. Was dead when I saw him** and last saw her **alive on** _____
Death occurred at **about 8:00 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. C. Archer M.D.	22b. ADDRESS Shelbyville, Missouri	22c. DATE SIGNED 7-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/1959	23c. NAME OF CEMETERY OR CREMATORY Emden Cemetery	23d. LOCATION (City, town, or county) (State) Emden, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Home, Shelbina, Mo.	25. DATE RECD. BY LOCAL REG. July 13-59	26. REGISTRAR'S SIGNATURE Ada Garrison
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Paul S. Hayes

Licensed Embalmer No. 4461

P. O. Address Shelbina

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.