URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 201 59-038619

FILED VS NOV 12 1959

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 6115

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: R7D #4
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Scott
c. CITY OR TOWN: Sikeston
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): R7D #4
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: DAVID Middle: LOUIS Last: MARTIN
4. DATE OF DEATH: Month 10 Day 28 Year 59
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-22-1929
9. AGE (last birthday): 30
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HELPER ON TRUCK
10b. KIND OF BUSINESS OR INDUSTRY: Coca Cola Bot. Co
11. BIRTHPLACE (City and state or country): SIKESTON MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: DAVE MARTIN
13b. MOTHER'S MAIDEN NAME: MINNIE HAHN
14. NAME OF HUSBAND OR WIFE: ESTHER
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.: 495-28-0694
17. INFORMANT: Mrs Esther Martin Address: Sikeston MO R #4

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): Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: ± 10 to 15 Min
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 (b)):
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 First Call after Death to and last saw him/her alive on
Death occurred at m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clyde Pace (Degree or title): Coroner
22b. ADDRESS: Sikeston Mo.
22c. DATE SIGNED: 11/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-31-59
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): ESSEX MO

24. FUNERAL DIRECTOR: Welch Funeral Home ADDRESS: Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 11-4-59
26. REGISTRAR'S SIGNATURE: Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS NOV 12 1959

VS NOV 13 1959

VS DEC 15 1959

MAY 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Raymond Crews

Signature of Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Silverton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.