

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959 *248*

'59 0 4 4 8 7 2
STATE FILE NUMBER

Registration District No. *248* Primary Registration District No. *4369* Registrar's No. *24*

ENDED

1. PLACE OF DEATH a. COUNTY Newton b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca Length of stay in 1b 7 weeks c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Del. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton c. CITY OR TOWN Neosho Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Rt. # 5 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Samuel Middle M. Last Martin			4. DATE OF DEATH Month December Day 10 , Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-26-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Neosho Mo.			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Christopher C. Martin		13b. MOTHER'S MAIDEN NAME Unknown			
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. None			
17. INFORMANT Mrs. Grace Bradley		Address Seneca, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial insufficiency</i> DUE TO (b) <i>Arterial Branch Block</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 month		
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		
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.)					
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 _____			
21. I attended the deceased from <i>Dec 7 '59</i> to <i>Dec 7 '59</i> and last saw him alive on <i>Dec 7 -59</i> Death occurred at <i>10:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John B. Roberts D.O.</i> (Degree or title)			22b. ADDRESS <i>Seneca Mo.</i>		22c. DATE SIGNED <i>12/16/59</i>		
23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		23b. DATE 12-13-1959	23c. NAME OF CEMETERY OR CREMATORY New Salem		23d. LOCATION (City, town, or county) (State) Neosho, Mo.		
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.			25. DATE RECD. BY LOCAL REG. <i>Dec. 17, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Irene Russell</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 7

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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 313 So. Wood
Heasler Mo.

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.