

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000773

FILED VS FEB 1 1960 77

Primary Registration District No. 3016 Registrar's No. 32

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Ulman	
Length of stay in 1b 9 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) Rural Route	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Claude Middle _____ Last Martin			4. DATE OF DEATH Month January Day 27 Year 1960		
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 9-7-1905	9. AGE (last birthday) 54 yrs.	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Ulman, Missouri		11. BIRTHPLACE (City and state or country) U. S. A.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Anthony Cordell Martin		13b. MOTHER'S MAIDEN NAME Nettie Wyrick	
13c. NAME OF HUSBAND OR WIFE Grace Martin		14. NAME OF HUSBAND OR WIFE Grace Martin			

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. 494-22-1856	17. INFORMANT Grace Martin Ulman, Missouri	Address
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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) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
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) Probable coronary thrombosis		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"/>	20. 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 Ulman, Missouri	COUNTY _____ STATE _____
21. I attended the deceased from 1/18/60 to 1/27/60 last saw her/him alive on 1/27/60 Death occurred at 4:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Lorett P. Suprabaker, M.D.	(Degree or title)	22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 1/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-30-1960	23c. NAME OF CEMETERY OR CREMATOR Gott Cemetery	23d. LOCATION (City, town, or county) Ulman, Missouri
24. FUNERAL DIRECTOR'S ADDRESS Wedges Funeral Homes, Inc. Iberia Mo.	25. DATE RECD. BY LOCAL REG. 30 January 1960	26. REGISTRAR'S SIGNATURE P. P. Davis, Jr. Walter Rep.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FEB

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 Walter P. Hedges

Licensed Embalmer No. 4260

P. O. Address Verona, N.J.

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.