

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005355

FILED VS. FEB 23 1960 47

Registration District No. _____ Primary Registration District No. 3008 Registrar's No. 54

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Columbia</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway G. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10 Miles East of Col</u>
3. NAME OF DECEASED (Type or print), First <u>Frank</u> Middle <u>Hugo</u> Last <u>Martin</u>		4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/27/1887</u>
9. AGE (last birthday) <u>72</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Noah Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <u>Mrs. Virginia Dusheke Columbia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Obstruction to the laryngeal airway</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hemorrhage of the left vocal cord</u> DUE TO (c) <u>Trauma of auto accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>2 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary emphysema + bronchitis</u>			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto accident</u>	
20c. TIME OF INJURY Hour <u>7:00</u> p.m. Month, Day, Year <u>2-3-60</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #54</u>		20f. CITY, TOWN, OR LOCATION <u>Callaway Mo</u>	
21. I attended the deceased from <u>Feb. 3, 1960</u> , to <u>Feb. 5, 1960</u> and last saw him alive on <u>Feb 5, 1960</u> Death occurred at <u>11:55 pm 1:05 a.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George M. Groel, M.D.</u> (Degree or title)		22b. ADDRESS <u>Fulton, Mo.</u>	22c. DATE SIGNED <u>2-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/6/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Millersburg Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Millersburg, Missouri</u>
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 20 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>

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

Lynard Gumble

Licensed Embalmer No. 4013

P. O. Address Columbo

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