JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-010421

STATE FILE NUMBER

NDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 30

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springcree
Length of stay in 1b: 10 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION: rt 4 on Highway 19
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): rt 4 Salem Mo
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First William Middle Arthur Last Martin

4. DATE OF DEATH: Month March Day 22 Year 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-3-81
9. AGE (last birthday): 78
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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (City and state or country): Dent Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: John Martin
13b. MOTHER'S MAIDEN NAME: Elizabeth Dayne
14. NAME OF HUSBAND OR WIFE: Mirmie Reddick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No X (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Lloyd Martin rt 4 Salem Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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 10/30/46, to 10/30/58 and last saw her/him alive on 10/30/58
Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M Martin (Degree or Title)
22b. ADDRESS: Salem, Missouri
22c. DATE SIGNED: 3/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3-24-60
23c. NAME OF CEMETERY OR CREMATORY: Kissock Cem
23d. LOCATION (City, town, or county) (State): Dent Co Mo

24. FUNERAL DIRECTOR: Spencer Funeral Home Inc ADDRESS
25. DATE RECD. BY LOCAL REG.: 3/23/60
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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