

JRI

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

- 60-025649

FILED VS JUL 25 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Length of stay in 1b 1 day	c. CITY OR TOWN Granger Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Florence Middle Martin Last Martin			4. DATE OF DEATH Month July Day 18 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/26/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Co., Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME (unknown)		13b. MOTHER'S MAIDEN NAME Mary Jane (unknown)		14. NAME OF HUSBAND OR WIFE Clarence C. 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.		17. INFORMANT Clarence C. Martin Granger, 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) Toxemia			INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Glomerulonephrosis			unknown
	DUE TO (c) Metastatic Carcinoma of the cervix to the brain, liver, lungs, and kidneys			unknown
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 checked="" type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 9:50 p.m. Month, Day, Year July 18, 1960		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 **July 18, 1960** to **July 18, 1960** and last saw her alive on **July 18, 1960**
Death occurred at **9:50 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. A. Austin		22b. ADDRESS Kirkville, Mo.		22c. DATE SIGNED 7.20.60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/21/1960	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	23d. LOCATION (City, town, or county) (State) Arbela, Missouri	
24. FUNERAL DIRECTOR Berth & Beckett, Memphis, Mo		25. DATE RECD. BY LOCAL REG. 1-22-1960	26. REGISTRAR'S SIGNATURE Daniel W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACK A. AUSTEN, D.D.

SEP 20 1960

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 George F. Geith

Licensed Embalmer No. 5091

P. O. Address Marysville

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.