

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026537

FILED VS JUL 18 1960

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 257

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield,</u>		Length of stay in 1b <u>3 Hours</u>		c. CITY OR TOWN <u>Hartville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors' Memorial Hospital</u>			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 checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>MARTIN</u> <u>Levi</u> <u>Preston</u>				4. DATE OF DEATH Month <u>July</u> Day <u>11</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>Feb. 13 1878</u>		9. AGE (last birthday) <u>82</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WRIGHT Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES J. PRESTON</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET FRANCES HAY</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>			
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. <u>488-16-3486</u>		17. INFORMANT <u>GOLDA P. STEPHENS</u> Address <u>KANSAS CITY, KANS.</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>Irreversible shock</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>struck by automobile</u> DUE TO (c) _____ 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							INTERVAL BETWEEN ONSET AND DEATH <u>about 6 hours</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>Hit By CAR While Walking Along Hwy #5</u>					
20c. TIME OF INJURY Hour <u>2:00</u> p.m. Month, Day, Year <u>7-11-60</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>Street</u>		20f. CITY, TOWN, OR LOCATION <u>Hartville,</u>		COUNTY <u>Missouri</u> STATE	
21. I attended the deceased from <u>7-11-60</u> <u>7:56</u> p.m. to <u>7-11-60</u> and last saw ^{her} him alive on <u>7-11-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Beland E. Witzel</u> D.O.			22b. ADDRESS <u>700 E. Sunshine Springfield, Mo.</u>			22c. DATE SIGNED <u>7-11-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-13-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BROYLES Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>WRIGHT Co., MO.</u>			
24. FUNERAL DIRECTOR <u>Robert Bergman Bergman, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-14-60</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meeter</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1947

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 Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield, N.J.

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