

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033968

FILED VS SEP 26 1960

042

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **985**

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wayne Township		Length of stay in 1b 42 yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 3 mi South City Limits N.R. Crossing, Rt #8			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Memorial Highway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Curtis Middle Edward Last Martin				4. DATE OF DEATH Month Sept. Day 13, Year 1960											
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 22, 1917		9. AGE (last birthday) 42		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) Butcher				10b. KIND OF BUSINESS OR INDUSTRY Dugdale Packing Co		11. BIRTHPLACE (City and state or country) St. Joseph, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME Jess Martin				13b. MOTHER'S MAIDEN NAME Mary Hurst				14. NAME OF HUSBAND OR WIFE deceased							
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. 500-10-4253		17. INFORMANT Address Mrs. Leonard Benton St. Joseph, 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) Traumatic shock + removal of stone										INTERVAL BETWEEN ONSET AND DEATH at once					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Fracture right leg below knee + left femur + right + left forearm + humerus + left shoulder + cut over right eye								DUE TO (c) passenger car train car collision		at once			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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.) Burlington passenger train # 27 going north struck car at crossing.											
20c. TIME OF INJURY Hour 11:45 p.m. Month, Day, Year Sept 13 60		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.) Road way Crossing		20f. CITY, TOWN, OR LOCATION Buchanan Co. Mo	
21. I attended the deceased from breived body , to 9/13/60 and last saw him alive on Sept 13 60 Death occurred at 11:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE S.E. Melune MD (Degree or title)				22b. ADDRESS 214 Kirkpatrick St Joe Mo,				22c. DATE SIGNED Sept 18 60							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/16/60		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery				23d. LOCATION (City, town, or county) St. Joseph, Mo							
24. FUNERAL DIRECTOR Paul Rupp				ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Sept. 22, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell							

DOCUMENT

SE Melune MD

BY AFFIDAVIT OF

SEP 30 1960

SEP 27 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

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.