

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035660

FILED VS. SEP 20 1960

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5904 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY PEMISCOT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PEMISCOT									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville-Batler		Length of stay in 1b 7 yrs.		c. CITY OR TOWN Portageville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 2			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MARVIN Middle D. Last MARTIN				4. DATE OF DEATH Month AUGUST Day 28 , Year 1960									
5. SEX Male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/4/1941		9. AGE (last birthday) 19		IF UNDER 1 YEAR Months 3 Days 24 Hours Min. 		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) McNairy County, Tenn			12. CITIZEN OF WHAT COUNTRY U.S.A					
13a. FATHER'S NAME Eber Martin				13b. MOTHER'S MAIDEN NAME Beatrice Stone				14. NAME OF HUSBAND OR WIFE XXXX					
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 Address Eber Martin Portageville, R# 2, 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) Accidental Drowning										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)											
		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							
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.) Drowned - Unable to get out of water									
20c. TIME OF INJURY 3 Hour 8-28-60 Month, Day, Year pm.		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.) home lake		20f. CITY, TOWN, OR LOCATION R2 Portageville, Pemiscot, Mo.		COUNTY		STATE			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE James G. Selmer (Degree or title)						22b. ADDRESS Warsaw, Mo.				22c. DATE SIGNED 8-28-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/28/60		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Selmer Tenn							
24. FUNERAL DIRECTOR Shackelford Funeral Home, ADDRESS Selmer, Tenn				25. DATE RECD. BY LOCAL REG. 8/30/60		26. REGISTRAR'S SIGNATURE Charlotte E. Sloan							

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

Joseph A. Howell

Licensed Embalmer No. *11481*

P. O. Address *11481*

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.