URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS NOV 15 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 378

-60-039239
STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 2 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bothwell Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1003 East 16th — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PORCTIA Middle LEE Last MARTIN

4. DATE OF DEATH: Month November Day 9, Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4/6/27
9. AGE (last birthday): 33 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Woodward, Oklahoma
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ralph S. Brown
13b. MOTHER'S MAIDEN NAME: Rosie Angle
14. NAME OF HUSBAND OR WIFE: Joe K. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ********
16. SOCIAL SECURITY NO.
17. INFORMANT: Joe K. Martin, Address: 1003 East 16th Sedalia, 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) Subarachnoid hemorrhage – Spontaneous — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 Nov. 8, 1960, to Nov 9, 1960 and last saw her alive on Nov 9, 1960
Death occurred at Five p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. O. Wilbur, D.O.
22b. ADDRESS: 1709 W. Broadway-Sedalia
22c. DATE SIGNED: 11-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/14/60
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: Duane Ewing — ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: 11-11-1960
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 22 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_____ Signed R. E. Baker

Signature of Student Embalmer

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.