

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047119

FILED VS. DEC 29 1960 291

Primary Registration District No. Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MO b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-ELM IMP		Length of stay in 1b LIFE		c. CITY OR TOWN RURAL ELM IMP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) UNIONVILLE			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lee - MARTIN				4. DATE OF DEATH Month DEC Day 23 Year 60			
5. SEX M	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 SEP 20 1908	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 24 HR Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARISER			10b. KIND OF BUSINESS OR INDUSTRY PUTNAM COMB		12. CITIZEN OF WHAT COUNTRY U.S.A		
13. FATHER'S NAME HUGHES-MARTIN			13b. MOTHER'S MAIDEN NAME LUCENNA M		14. NAME OF HUSBAND OR WIFE ALICE MARTIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 491-28-2800	17. INFORMANT Address ALICE MARTIN UNIONVILLE 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) Coronary occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 10 minutes	
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 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 _____ a.m. _____ p.m.		Month, Day, Year					
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 _____ 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 Charles L. Huston (degree or title) Coroner				22b. ADDRESS Unionville Mo		22c. DATE SIGNED 12-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE DEC-26-60	23c. NAME OF CEMETERY OR CREMATION MARTIN TOWN		23d. LOCATION (City, town, or county) UNIONVILLE MO (State)			
24. FUNERAL DIRECTOR FO-HUSTON & SONS ADDRESS Unionville Mo			25. DATE RECD. BY LOCAL REG. 12-24-60	26. REGISTRAR'S SIGNATURE Narwell Durbin			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 18 1961

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 Marl C. Hustell

Licensed Embalmer No. 3304

P. O. Address Amosville

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.