t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED VS JAN 6 1961

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-048479
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6150 Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Lisbon — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 90 7 Mi E of Puxico — Length of stay in 1b 86

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stoddard
c. CITY OR TOWN ~~Puxico Mo~~ — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 103 Bloomfield RR2 Mo — Reside on Farm Yes ☑ No ☑

3. NAME OF DECEASED (Type or print) First Willie Middle Francis Last Martin
4. DATE OF DEATH Month Oct Day 23 Year 1960

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ 0 WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 2 1875
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Friendship Tenn 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry W. Martin
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. L. Langston — Address Bloomfield RR2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility — 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) 794X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 1950, to 10-23-60 and last saw ~~her~~ him alive on 10-21-60
Death occurred at 4:19 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Shillinger DO 2
22b. ADDRESS Puxico Mo
22c. DATE SIGNED 10/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 25
23c. NAME OF CEMETERY OR CREMATORY Zion
23d. LOCATION (City, town, or county) (State) 7 Mi E of Puxico, Mo

24. FUNERAL DIRECTOR ADDRESS Morgan Funeral Home Dale Gifford
25. DATE RECD. BY LOCAL REG. 12/27/60
26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Wm H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

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.