SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010349

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 137

FILED APR 11 1961

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Francois Township
Length of stay in Ib 2Mos.; 12das.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Pascola
Inside Limits Yes ☐ No ☐ Unknown
d. STREET ADDRESS Unknown (If outside, give location)
Reside on Farm Yes ☐ No ☐ Unknown.

3. NAME OF DECEASED (Type or print) First JAMES Middle CHESTER Last MARTIN
4. DATE OF DEATH Month March Day 24, Year 1961
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 18,1914
9. AGE (last birthday) 47
IF UNDER 1 YEAR Months 2 Days 6
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Atkin, Arkansas
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Fred Martin
13b. MOTHER'S MAIDEN NAME Salilia Smith
14. NAME OF HUSBAND OR WIFE Victoria White
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. Unknown
17. INFORMANT Records, State Hospital No.4, Farmington, Mo.

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) Cerebral hemorrhage - - - - - - - - - - - - - - - INTERVAL BETWEEN ONSET AND DEATH 13 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular syphilis - - - - - - - - - - - - - Unknown.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic brain syndrome associated with C.N.S. syphilis, meningo-encephalitic, with psychotic reaction.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Jan. 12, 1961, to March 24, 1961 and last saw him alive on March 24,1961
Death occurred at 7:40 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Brennan M.D. (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 3-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 30,1961
23c. NAME OF CEMETERY OR CREMATORY Homestown Cemetery
23d. LOCATION (City, town, or county) (State) Wardell, Missouri

24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Missouri ADDRESS
25. DATE RECD. BY LOCAL REG. April 5, 1961
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4089

P. O. Address _____

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.