

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018553

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 72

AMENDED

FILED MAY 31 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Site Of Bowling Alley On Hwy. 54 West of Louisiana		d. STREET ADDRESS (If outside, give location) 420 Douglas St	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bliss Middle Clinton Last Martin			4. DATE OF DEATH Month May Day 24 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5, 1937
9. AGE (last birthday) 23		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) labor		10b. KIND OF BUSINESS OR INDUSTRY Bldg. Construction	11. BIRTHPLACE (City and state or country) Louisiana, Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Bliss Martin	
13b. MOTHER'S MAIDEN NAME Frances Davis		14. NAME OF HUSBAND OR WIFE Sarah Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1954---1958		16. SOCIAL SECURITY NO.	
17. INFORMANT Sarah Martin Louisiana, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined			INTERVAL BETWEEN ONSET AND DEATH 5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Autopsy by Dr Henry Sweete M.D.			
DUE TO (c) Aspirin, Mo.			
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 checked="" type="checkbox"/> NO <input 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 Louisiana		COUNTY Pike STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw him/her on May 24 Death occurred at 11:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.O. Mudd (Degree or title) Coroner		22b. ADDRESS Beulah Green, Mo.	
22c. DATE SIGNED May 25-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 27 1961	
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Louisiana Missouri	
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. May 29-61	
ADDRESS		REGISTRAR'S SIGNATURE Bernice Kuller	

AUG 18 1961

AUG 15 1961

SEP 14 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Stene

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.