

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38 Primary Registration District No. 3006 Registrar's No. 483

STATE FILE NUMBER

AMENDED

Registration District No. FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 109 days	c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 201 Joplin St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Ernest Martin			4. DATE OF DEATH Month Day Year 8 4 1961
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-10-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labstr		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) Joplin, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME William T. Martin		13b. MOTHER'S MAIDEN NAME Julia Wolvin	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Hospital Records		Address	
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) undifferentiated mediastinal Tumor with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) wide-spread metastases DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH March 1961 to Aug 4, 1961
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		COUNTY	STATE
21. I attended the deceased from hosp. hospitalized April 17, 1961 to Aug 4, 1961 and last saw him alive on 8-4-61 Death occurred at 6:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Michael J. Arizian MD		22b. ADDRESS U of Missouri Med Center	
22c. DATE SIGNED 8/5/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-8-61	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Ph	23d. LOCATION (City, town, or county) Joplin Mo (State)
24. FUNERAL DIRECTOR Lynne Spurdell, Columbia, Mo		25. DATE RECD. BY LOCAL REG. Aug 6 1961	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

AUG 17 1961

SEP 27 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 *Lynwood Sprinkle*

Licensed Embalmer No. *4013*
P. O. Address *Columbia,*

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.

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