MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028326
STATE FILE NUMBER

AMENDED

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 026

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY BENTON Co. MILE E. Tristoe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tristoe "township" — Length of stay in 1b: LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warsaw Rt 2 — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: CATHY Middle: M. Last: MARTIN
4. DATE OF DEATH Month: Aug Day: 30 Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 11-61
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months 1 Days 19 — IF UNDER 24 HR: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Tristoe Mo. USA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Hollie W. MARTIN
13b. MOTHER'S MAIDEN NAME: SARA HOGUE
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hollie Martin Address: Tristoe 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) asphyxiated "accident" — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ 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.) "While nursing a bottle"
20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year Aug 30, 1961
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.) Home
20f. CITY, TOWN, OR LOCATION Tristoe COUNTY Benton Co. STATE Mo
21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) John F Reser (Benton Co Coroner)
22b. ADDRESS Warsaw, Mo
22c. DATE SIGNED 8/30/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 31, 1961
23c. NAME OF CEMETERY OR CREMATORY Fredonia Cemetery
23d. LOCATION (City, town, or county) Warsaw Benton (State) Mo
24. FUNERAL DIRECTOR John F Reser ADDRESS Warsaw
25. DATE RECD. BY LOCAL REG. Aug 31-1961
26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

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

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.