

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

AMENDED
 FILED AUG 28 1968 **818**

1. PLACE OF DEATH
 a. COUNTY **MISSOURI**
 b. CITY (If outside corporate limits, give TOWNSHIP only) **St Louis** Length of stay in 1b **78 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Vet Adm Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **Dent**
 c. CITY OR TOWN **Salem** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **Route 3** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
JAMES W MARTIN **8/17/61**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **8/12/23** 9. AGE (last birthday) **38**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (City and state or country) **Herrmann, Arkansas** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Columbus Martin** 13b. MOTHER'S MAIDEN NAME **White** 14. NAME OF HUSBAND OR WIFE **Betty Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW II** 17. INFORMANT Address **Betty Martin (wife) Rt 3, Salem, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **CARDIAC STANDSTILL**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **PULMONARY EDEMA AND HEMOTHORAX**
 DUE TO (c) **LEFT UPPER LOBECTOMY FOR FIBROCASEOUS TUBERCULOUS**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **008X**
 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. attended the deceased from **6/1/61** to **8/17/61** and last saw him alive on **8/17/61**
 Death occurred at **10:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **RICHARD P. PARSONS** (Degree or title) **MD** 22b. ADDRESS **VAH, St Louis, Mo.** 22c. DATE SIGNED **8/17/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8-18-61** 23c. NAME OF CEMETERY OR CREMATORY **Salem, Mo.** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Warfel Funeral Home, Salem, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **AUG 18 1961** 26. REGISTRAR'S SIGNATURE **Head Smith, M.D.**

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 Harvey Finkle

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.