

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037415

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 523 STATE FILE NUMBER

FILED NOV 13 1961

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Galena</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2209 Short Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Noah</u> Middle <u>Wesley</u> Last <u>Martin</u>			4. DATE OF DEATH Month <u>November</u> Day <u>5</u> Year <u>1961</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-30-1879</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pb & Zn Miner</u>		11. BIRTHPLACE (City and state or country) <u>Tipton Ford, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ebalee Martin</u>			
13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Pendegroff</u>		14. NAME OF HUSBAND OR WIFE <u>Edna May Martin</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Noah Martin, Jr. Joplin mo</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Multiple Injuries, Fractured hip 3 day</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Two Car accident - 4 miles North of Riverston, Kan.</u>
20c. TIME OF INJURY Hour <u>5</u> s.m. <u>Nov 3 61</u> 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.) <u>Auto accident</u>	20f. CITY, TOWN, OR LOCATION <u>Galena, Cherokee Kansas</u>
21. I attended the deceased from <u>3 Nov 61</u> to <u>5 Nov 61</u> and last saw him alive on <u>5 Nov 61</u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Robert Powell M.D.</u>		22b. ADDRESS <u>Galena, Kansas</u>	22c. DATE SIGNED <u>7 Nov 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery Galena, Kansas</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Roy L. Dersfelt Galena Kan</u>	25. DATE RECD. BY LOCAL REG. <u>11-8-1961</u>	26. REGISTRAR'S SIGNATURE <u>Loove Merriam</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

