

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040354

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 461

STATE FILE NUMBER

AMENDED

FILED DEC 4 1961

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Shawnee</u>		Length of stay in 1b <u>84</u>	c. CITY OR TOWN <u>near Fruitland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 miles East Fruitland</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 mi East</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
OSSIAN BURETTE MARTIN November 30, 1961

5. SEX Male 6. COLOR OR RACE white 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH Sept 23-1877 9. AGE (last birthday) 84 10. 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) Farming 10b. KIND OF BUSINESS OR INDUSTRY Stock Raising 11. BIRTHPLACE (City and state or country) near Fruitland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Martin 13b. MOTHER'S MAIDEN NAME Catherine Reick 14. NAME OF HUSBAND OR WIFE Maudie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Maudie Martin Jackson Mo R #1 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 24 hrs
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Age and R.B. Tumble
 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.)

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. I attended the deceased from Nov 29-61 to Nov 30-61 and last saw him alive on Nov 29-61
 Death occurred at 12:00 P.M. 11-30-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. R. Sidbark Jr M.D. 22b. ADDRESS Jackson Mo 22c. DATE SIGNED 12-1-61

23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial 23b. DATE Dec 3-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo

24. FUNERAL DIRECTOR Miller Jackson Mo ADDRESS 12-2-1961 25. DATE RECD. BY LOCAL REG. 12-2-1961 26. REGISTRAR'S SIGNATURE Jesse Karter

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss.

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.