SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043194
STATE FILE NUMBER

AMENDED

Registration District No. 367 Primary Registration District No. 500 Registrar's No. 3243

FILED NOV 21 1961

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS — Length of stay in 1b: 474 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USVA HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILL. b. COUNTY CRAWFORD
c. CITY OR TOWN PALESTINE — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS NONE (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: VERNON Middle: Last: MARTIN
4. DATE OF DEATH Month, Day, Year: NOVEMBER 15, 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-25-93
9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LATHER
10b. KIND OF BUSINESS OR INDUSTRY: ANYKIND
11. BIRTHPLACE (City and state or country): PALESTINE, ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: W. L MARTIN
13b. MOTHER'S MAIDEN NAME: ELIZABETH MARTIN
14. NAME OF HUSBAND OR WIFE: THELMA MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: THELMA MARTIN, Address: PALESTINE, ILL., WIFE

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) HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PULMONARY TUBERCULOSIS, FAR ADVANCED — 27 YRS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): SCHIZOPHRENIC REACTION
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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. VA attended the deceased from 7-26-60, to 11-15-61 XXXXXXXXXXXXXX
Death occurred at 12:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Anthony Gerskus (Degree or title) ANTHONY GERSKUS, MD
22b. ADDRESS VAH JEFFERSON BARRACKS, MO.
22c. DATE SIGNED 11-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 11-15-61
23c. NAME OF CEMETERY OR CREMATORY: PALESTINE CEMETERY
23d. LOCATION (City, town, or county) (State): PALESTINE, ILL.
24. FUNERAL DIRECTOR: Goodwine & Goodwine, ADDRESS: Palestine, Illinois.
25. DATE RECD. BY LOCAL REG.: 11-15-61
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert M. Mu

Licensed Embalmer No. 3749

P. O. Address St Louis,

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.