MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-002468
STATE FILE NUMBER

AMENDED

FILED JAN 16 1962

Registration District No. 679 Primary Registration District No. 3033 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b 2 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Memorial Hosp. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 285 N. Washington Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Bertha Middle L. Last Martin
4. DATE OF DEATH Month January Day 4 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 1-17-74
9. AGE (last birthday) 87 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Califorina, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry Howard
13b. MOTHER'S MAIDEN NAME Mary Gouge
14. NAME OF HUSBAND OR WIFE John Jeff Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Ralph Norman Address Lebanon, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation, acute — Hours.
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.)
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 1950 to Jan-4, 1962 and last saw her alive on Jan 4, 1962
Death occurred at 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H W Carrington (Degree or title) M D
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 1-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE January 7, 1962
23c. NAME OF CEMETERY OR CREMATORY Lebanon City
23d. LOCATION (City, town, or county) (State) Lebanon, Mo
24. FUNERAL DIRECTOR Douglas Griswold ADDRESS Lebanon, Mo
25. DATE RECD. BY LOCAL REG. 1-6-1962
26. REGISTRAR'S SIGNATURE Nellie L. Hay

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 James Douglas Gruwald

Licensed Embalmer No. 5099

P. O. Address Lebanon 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.