

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005454  
STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3095 Registrar's No. 3095 32

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Butler</u>			Length of stay in lb <u>4 Days</u>		c. CITY OR TOWN <u>Shawnee Twp.</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>Bates County Memorial Hosp</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Shawnee Twp.</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Walter</u> Last <u>Martz</u>						4. DATE OF DEATH Month <u>February</u> Day <u>9</u> Year <u>1962</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>10-16-86</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>23</u>	IF UNDER 24 HR Hours <u>3</u> Min. <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bates County Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Henry Martz</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Eliza Elmore</u>			14. NAME OF HUSBAND OR WIFE <u>Lynna B. Martz</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. <u>No</u>		17. INFORMANT <u>H.A. Mouse, Adrian, Mo.</u>		
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>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
DUE TO (b) <u>Generalized Arteriosclerosis</u>						<u>5 yr.</u>	
DUE TO (c) <u>Coronary Heart Disease</u>						<u>3 yr.</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 type="checkbox"/>		20a. ACCIDENT <input 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>None</u>		
20c. TIME OF INJURY Hour <u>6:05 P.M.</u> Month, Day, Year <u>Jan 4 1959</u>		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>Jan 4 1959</u>		20f. CITY, TOWN, OR LOCATION <u>Butler Mo</u>	
20g. STATE <u>Mo</u>		21. I attended the deceased from <u>Jan 4 1959</u> to <u>Feb 9, 1962</u> and last saw him alive on <u>Feb 9, 1962</u> Death occurred at <u>6:05 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print or type) <u>Carter W. Luter MD</u>				22b. ADDRESS <u>Butler Mo</u>		22c. DATE SIGNED <u>2/10/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Adrian, Mo.</u>		
24. FUNERAL DIRECTOR <u>Six Funeral Service, Adrian, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-10-62</u>		26. REGISTRAR'S SIGNATURE <u>Thomas J. Wilson</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 5 1962

**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 \_\_\_\_\_  
*Adrian Sif*

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.