

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020733

5509

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

FILED JUN 7 1962

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| VS 300 Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>White</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> | | c. CITY OR TOWN <u>Springerton</u> | |
| Length of stay in 1b <u>7 days</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>BARNES HOSPITAL</u> | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last <u>GEORGIA AVANELLE MARTIN</u> | | Month Day Year <u>MAY 31 1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/21/06</u> |
| 9. AGE (last birthday) <u>55</u> | | 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) <u>Postmistress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u> | 11. BIRTHPLACE (City and state or country) <u>White County, Ill.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Bert Phillips</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Lora Nicholson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Roy 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. <u>None</u> | |
| 17. INFORMANT <u>Roy Martin</u> | | Address <u>Springerton, Ill.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH HOURS |
| IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> | | | <u>1 1/2 YEARS</u> |
| DUE TO (b) <u>ACUTE MONOCYTOPIC LEUKEMIA</u> | | | |
| DUE TO (c) <u>204.2</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>MAY 25, 1962</u> to <u>MAY 31, 1962</u> and last saw her/him alive on <u>MAY 31, 1962</u> Death occurred at <u>10:25 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>C. D. Vermillion, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>BARNES HOSPITAL</u> | |
| 22c. DATE SIGNED <u>6/1/62</u> | | 23. LOCATION (City, town, or county) (State) <u>Springerton, Ill.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>6/3/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Springerton</u> | |
| 24. FUNERAL DIRECTOR <u>George W. Emmett, Springfield, Ill.</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>JUN 1 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Roand Smith, M.D.</u> | | | |

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John J. Kurylo

Licensed Embalmer No. 5239

P. O. Address

E. St. Paul

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.