

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025849

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 218

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0017
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH JUL 16 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		a. STATE Mo.	b. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb 1 yr	c. CITY OR TOWN Rural-Elm Tmp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Old Homestead nursing home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Worthington
3. NAME OF DECEASED First Middle Last Hugh Dennis Martin			4. DATE OF DEATH Month Day Year 7-11-62
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-3-1874
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 24 HR Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Neal Martin	13b. MOTHER'S MAIDEN NAME Permelia
14. NAME OF HUSBAND OR WIFE Lucinda Martin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.
17. INFORMANT Neal Martin-Unionville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) Arterio-sclerotic heart disease		3 years	
DUE TO (c) Cirrhosis of liver			
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 May 5, 1960 to July 11, 1962 and last saw him alive on July 10, 1962		Death occurred at 2:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Howard E. Gross (Degree of title)		22b. ADDRESS Old Kirksville, Mo.	22c. DATE SIGNED 7-11-62
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 7-13-62	23c. NAME OF CEMETERY OR CREMATORY Martinstown Cem.	23d. LOCATION (City, town, or county) Putnam Co. Mo. (State)
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 7-11-1962	26. (REGISTRAR'S SIGNATURE) Haris W. Rattiff

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit renewed July 11, 1962

HOWARD E. GROSS, D.O.

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 Murl E. Husted

Licensed Embalmer No. 3304
P. O. Address Unionville, 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.