

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-026746
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1165

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6397
2397

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO b. COUNTY GREENE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST Johns Hospital		d. STREET ADDRESS (if outside, give location) 727 SOUTH AVE	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK William MARTIN		4. DATE OF DEATH Month Day Year 7-28-62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-19-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) Rolla, MO
13a. FATHER'S NAME ANDY L. MARTIN		13b. MOTHER'S MAIDEN NAME MARY E BROWN	14. NAME OF HUSBAND OR WIFE SUSIE MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	17. INFORMANT Address SUSIE BROWN Springfield, 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) Carcinoma of prostate with extensive metastases, to bone and brain DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 yr
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 checked="" 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. _____	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 9/18/61 to death and last saw her/him alive on 7/28/62 Death occurred at 7:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew Allen MD		22b. ADDRESS Springfield, MO	22c. DATE SIGNED 8/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-31-62	23c. NAME OF CEMETERY OR CREMATORY ROACH CEMETERY	23d. LOCATION (City, town, or county) (State) PHELPS COUNTY, MO
24. FUNERAL DIRECTOR Nall + Son	ADDRESS Rolla, MO.	25. DATE RECD. BY LOCAL REG. 8-8-62	26. REGISTRAR'S SIGNATURE Effie S. Drelton

SEP 6 1962

Permit
7-28-62

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 Bill M. Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield, 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.