

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028158

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 96

FILED JUL 19 1962

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Fike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Length of stay in 1b 3 Days	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fike County Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 411 Ponca Drive
3. NAME OF DECEASED (Type or print) First Mary Middle Frances Last Martin		4. DATE OF DEATH Month July Day 15 Year 1962	

5. <input checked="" type="checkbox"/> Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1899	9. AGE (last birthday) 62	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) clerk		10b. KIND OF BUSINESS OR INDUSTRY Nursery		11. BIRTHPLACE (City and state or country) Bluffs, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert W. Davis		13b. MOTHER'S MAIDEN NAME Maggie Mae		14. NAME OF HUSBAND OR WIFE John W. Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs Arleta Purdy, Kansas City Mo		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive		
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 <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. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Louisiana, Mo.	COUNTY _____ STATE _____
21. I attended the deceased from 7/10/62 to 7/15/62 and last saw her ^{alive} on 7/15/62		Death occurred at 7:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>John K. Helcomb</i>	(Degree or title)	22b. ADDRESS M.D.122 S. 3rd St. Louisiana, Mo	22c. DATE SIGNED 7/16/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/18/1962	23c. NAME OF CEMETERY OR CREMATORY RiverView Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana, Mo.
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24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 16 - 1962	26. REGISTRAR'S SIGNATURE <i>Bruce Collier</i>
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USE BLACK INK OR TYPEWRITER RIBBON

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 J. B. Steere

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.