

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030306

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 138

FILED SEP 4 1962

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cleveland</u>		Length of stay in 1b <u>15 yrs</u>	c. CITY OR TOWN <u>Cleveland</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>Cleveland Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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) First <u>Roy</u> Middle <u>James</u> Last <u>Martin</u>			4. DATE OF DEATH Month <u>8</u> Day <u>25</u> Year <u>1962</u>		
5. SEX <u>Male</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>4-3-1918</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J.C. Nicholes Co.</u>	11. BIRTHPLACE (City and state or country) <u>Peculiar Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Roy James Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Dolley Zimmerman</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W. 2</u>		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address <u>Mrs Ruth Martin Cleveland Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cass Co Coroner Notified</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cass Co Sheriff investigated</u>		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	
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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.) <u>Had DR in morning</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>8-25-62</u>	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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Cleveland</u> COUNTY <u>CASS</u> STATE <u>MO</u>

21. I attended the deceased from 6:15 to _____ and last saw her/him alive on _____
Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ray J. Sebrer</u>	(Degree or title) <u>Local Reg</u>	22b. ADDRESS <u>Harrisonville Mo</u>	22c. DATE SIGNED <u>8-29-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>8-29-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>
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24. FUNERAL DIRECTOR <u>Warrace</u>	ADDRESS <u>Cleveland Mo.</u>	25. DATE REC'D. BY LOCAL REG. <u>8-27-62</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Sebrer</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

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1270-8

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1962

SEP 13 1962

MAY 20 1963

SEP 26 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 James C Wallace

Licensed Embalmer No. 3921

P. O. Address Cleveland 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.