

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034210

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4151 Registrar's No. 26

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0280

2 02802

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9 4200H

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12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE		Length of stay in 1b 10 YRS.	c. CITY OR TOWN STEELVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 Middle Last WILLIAM - MARTIN			4. DATE OF DEATH Month Day Year SEPT. 12 - 1962
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 3-1-1889
9. AGE (last birthday) 73		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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) STEELVILLE, MO. USA
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JACOB MARTIN	13b. MOTHER'S MAIDEN NAME EMILY WOOD
14. NAME OF HUSBAND OR WIFE HETTIE MARTIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. NONE
17. INFORMANT HETTIE MARTIN - CUBA, 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
DUE TO (b) Atherosclerotic Heart Disease		4 years	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of prostate			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 Month, Day, Year a.m. p.m.			
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	COUNTY STATE
21. I attended the deceased from 1-10-57 to 9-12-62 and last saw him alive on 7-27-62 Death occurred at 3 p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. R. Baumann M.D.		22b. ADDRESS Steelville, Mo.	22c. DATE SIGNED 9-12-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-14-1962	23c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEMETERY	23d. LOCATION (City, town, or county) (State) STEELVILLE, MO.
24. FUNERAL DIRECTOR THOMAS S. HALBERT-STEELVILLE, MO.		25. DATE RECD. BY LOCAL REG. 9/14/62	26. REGISTRAR'S SIGNATURE Mrs. Hazel Schmitz

USE BLACK INK OR TYPEWRITER RIBBON
A. R. Baumann M.D.

SEP 26 1962

SEP 27 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 Thomas S. Helbert

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.