

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035298

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 170

**FILED SEP 17 1962**

VS 300 Rev. 4/59

10535  
20535

3  
4 0  
5 1  
6  
7 0  
8 2

94200

10  
11  
1290-0  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lebanon</b>		c. CITY OR TOWN <b>Lebanon</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>211 Garfield</b>		d. STREET ADDRESS (If outside, give location) <b>211 Garfield</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First <b>Claude</b> Middle <b>Henry</b> Last <b>Martin</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>12</b> Year <b>1962</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-30-97</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>shoe cobbler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>shoe cobbler</b>	9. AGE (last birthday) <b>64</b>
11. BIRTHPLACE (City and state or country) <b>Laclede Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Lettie Allison</b>	14. NAME OF HUSBAND OR WIFE <b>Eva Martin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; padding: 2px;">[REDACTED]</span>	
17. INFORMANT <b>Mrs. Eva Martin, 211 Garfield,</b>			Address <b>Lebanon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>acute coronary occlusion</b>			<b>14 hrs.</b>
DUE TO (c) <b>arteriosclerotic heart dis.</b>			
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. 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 COUNTY STATE
21. I attended the deceased from <u>9-11-62</u> to <u>9-12-62</u> and last saw <sup>her</sup> him alive on <u>9-11-62</u> Death occurred at <u>3:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>B B Hurst, M.D.</b>		22b. ADDRESS <b>Lebanon, Mo.</b>	22c. DATE SIGNED <b>9-13-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9-14-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lebanon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lebanon, Laclede Co., Mo.</b>
24. FUNERAL DIRECTOR <b>J. J. Shadel</b>		ADDRESS <b>Lebanon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-14-1962</b>
		26. REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>	

NOV 20 1962

SEP 18 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 Eric 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.

Permit secured 9-14-1962 M.L.D.