# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-035827
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

0930
20930
3
4 1
5 2
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7 0
8 2
9 331X
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12 70-0
13 1-0

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 45

FILED OCT 4 1962

**1. PLACE OF DEATH**
a. COUNTY: ST CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Appleton City | Length of stay in 1b: 44 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: None | Inside Limits: Yes ☑ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St. Clair
c. CITY OR TOWN: Appleton City | Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) | Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print) First: Martha Middle: Elizabeth Last: Martin

**4. DATE OF DEATH** Month: Sept. Day: 28 Year: 62

**5. SEX**: F
**6. COLOR OR RACE**: W
**7.** Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
**8. DATE OF BIRTH**: Feb-2-86
**9. AGE** (last birthday): 76
IF UNDER 1 YEAR: Months 7 Days 26 | IF UNDER 24 HR: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House wife.
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and state or country): Jadue, Mo.
**12. CITIZEN OF WHAT COUNTRY**: U.S.A.

**13a. FATHER'S NAME**: Arthur Groves
**13b. MOTHER'S MAIDEN NAME**: Mary Gount
**14. NAME OF HUSBAND OR WIFE**: None.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: —
**17. INFORMANT**: Raymond Martin Address: Appleton City 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): Cerebral hemorrhage | INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 ☐ NO ☒
**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**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 ☐ NOT WHILE AT WORK ☐
**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 See only after death to 1/30/72 and last saw her/him alive on
Death occurred at 1/30/72 on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): W. H. Elliott M.D.
**22b. ADDRESS**: Appleton City
**22c. DATE SIGNED**: 2 Sept 62

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: Oct. 1-62
**23c. NAME OF CEMETERY OR CREMATORY**: Appleton City
**23d. LOCATION** (City, town, or county) (State): Appleton City, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Owen Eckhoff Appleton City, Mo.
**25. DATE REC'D BY LOCAL REG.**: Oct. 1, 1962
**26. REGISTRAR'S SIGNATURE**: Olin Abney

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF W. H. ELLIOTT M.D. DOCUMENT

**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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, 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.