MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042420
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 196

FILED NOV 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0465
2 0770
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4 0
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9 5721
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13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: West Plains — Length of stay in Ib: days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: W. P. Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Ozark
c. CITY OR TOWN: Dora — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Wesley Last Martin
4. DATE OF DEATH: Month November Day 17 Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-22-1872
9. AGE (last birthday): 90 yrs. — 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 & retired merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Dora, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jim M. Martin
13b. MOTHER'S MAIDEN NAME: Lucinda Russell
14. NAME OF HUSBAND OR WIFE: Nora Thompson
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.: no
17. INFORMANT: Eldon Martin, Dora, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Severe Hemorrhage (internal)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Diverticuli Colon
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. A[illegible] 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. [illegible]
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 11-16-62, to 11-17-62 and last saw her/him alive on 11-17-62
Death occurred at 5:25 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: West Plains, Mo.
22c. DATE SIGNED: 11-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 11-20-1962
23c. NAME OF CEMETERY OR CREMATORY: Ball Cemetery
23d. LOCATION (City, town, or county) (State): Dora, Ozark, Mo.
24. FUNERAL DIRECTOR ADDRESS: Robertson's, West Plains, Mo.
25. DATE RECD. BY LOCAL REG.: 11-24-62
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

Stoll

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_____ Signed D D Robertson

Signature of Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.