

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042718

Registration District No. _____ / _____ Primary Registration District No. 3000 Registrar's No. 385 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 9 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in lb 17 yrs	c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 607 W. Cottonwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 607 W. Cottonwood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DONALD C. MARTIN			4. DATE OF DEATH Month Day Year November 27 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never married XXXXXXXXXXXX	8. DATE OF BIRTH 2/7/03
9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operator		10b. KIND OF BUSINESS OR INDUSTRY bulldozer	11. BIRTHPLACE (City and state or country) Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY U S		13. FATHER'S NAME Byrd Martin	
13b. MOTHER'S MAIDEN NAME Nora Cook		14. NAME OF HUSBAND OR WIFE Helen Mabis Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No No		16. SOCIAL SECURITY NO. 9483	
17. INFORMANT Helen Martin, Kirksville, Mo.		Address	
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 30 min
DUE TO (b) Hypertension (first noticed in May 1963 at Laughlin Hosp.)			
DUE TO (c) Arteriosclerosis			unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) exceedingly large man for such short height			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 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 _____ to _____ and last saw her/him alive on _____ Death occurred 11:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Nova E. Foster</i> Nova E. Foster, Coroner Adair Co.		22b. ADDRESS Kirksville, Adair, Mo.	22c. DATE SIGNED 11/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/30/63	23c. NAME OF CEMETERY OR CREMATORY Union Temple	23d. LOCATION (City, town, or county) (State) Adair County, Mo.
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 12-2-1963	26. REGISTRAR'S SIGNATURE <i>David W. Ratliff</i>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 10 1963

No permit issued

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 Novel B Foster

Licensed Embalmer No. 4742
P. O. Address Kukunelle, 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.