

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043883  
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 973

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Windsor</b> <small>(If outside corporate limits, give TOWNSHIP only)</small>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Windsor</b> <small>(If outside, give location)</small>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		Length of stay in 1b <b>55 yrs.</b>	d. STREET ADDRESS <b>501 E. Benton</b> <small>(If outside, give location)</small>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>Joseph William Marti</b>			4. DATE OF DEATH Month Day Year <b>Dec. 12, 1958</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</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>3-29-1874</b>		9. AGE (In years, <small>1 day</small> day) <b>84</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or country) <b>Benton Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Benedict Marti</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Corman</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Bessie Marti</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. <b>None</b>	17. INFORMANT Address <b>Mrs. J. W. Marti Windsor, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart failure, congestive</b>		INTERVAL BETWEEN ONSET AND DEATH <b>96-hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <b>Arterio-sclerotic heart disease</b>		<b>Unknown</b>
	DUE TO (c) <b>Rheumatic valvular heart disease</b>		<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>H 260</b>		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 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 **26 Sept. 1958** to **12 Dec. 1958** and last saw him alive on **11:00 Am 12/12/58**  
Death occurred at **2:15 P.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Bernard Brack</b>	22b. ADDRESS <b>116 So main Windsor, Mo.</b>	22c. DATE SIGNED <b>12/12/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-14-1958</b>	23c. NAME OF CEMETERY OR CREMATORIUM <b>Laurel Oak</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor, Mo.</b>
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24. FUNERAL DIRECTOR <b>Ellis Huston Windsor, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300  
1-57

no symptoms will be listed.

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 *Clifford Gouge* .....

Licensed Embalmer No. *5014* .....  
P. O. Address *Windsor, M* .....

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.