

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-039789

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 291

ENDED

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Windsor</b>	
Length of stay in 1b <b>2 days</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>Wetzel Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>107 N. Mill St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>EVERETT</b> Last <b>MARTIN</b>			4. DATE OF DEATH Month <b>November</b> Day <b>20</b> Year <b>1959</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>11-17-1883</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>76</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
-----------------------	----------------------------------	---	---------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rt. Business man</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Calhoun, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	-----------------------------------	---	--

13a. FATHER'S NAME <b>George Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Lydia Marlow</b>	14. NAME OF HUSBAND OR WIFE <b>Mayme Snyder 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. <b>486-32-1610</b>	17. INFORMANT <b>Mrs. George Martin Windsor, Mo.</b>	Address
---	---	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>		<b>12 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Myocardial Insufficiency</b>	<b>24 hours</b>
	DUE TO (c) <b>Acute Myocardial Insufficiency</b>	<b>3 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary Thrombosis</b>		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 <b>7:05 p.m.</b> 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 <b>Clinton, Mo.</b>	COUNTY <b>Clinton</b>	STATE <b>Mo.</b>
---	--	--	---	--------------------------	---------------------

21. I attended the deceased from <b>11-17-59</b> to <b>11-20-59</b> and last saw him alive on <b>11-20-59</b> Death occurred at <b>7:05 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <b>Clinton L. Gouge, D.O.</b>	(Degree or title)	22b. ADDRESS <b>105 E. Ohio Clinton, Mo.</b>	22c. DATE SIGNED <b>11-20-59</b>
---	-------------------	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-23-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Calhoun, Missouri</b>
--	--------------------------------	---	---

24. FUNERAL DIRECTOR <b>Clifford Gouge</b>	ADDRESS <b>Windsor, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 23-1959</b>	26. REGISTRAR'S SIGNATURE <b>Melred Bigum</b>
---	-------------------------------------	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 3 0 1959

**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, 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.