

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

-61-001131

STATE FILE NUMBER

AMENDED

Registration District No. 37 Primary Registration District No. 3023 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton Townships</u>		Length of stay in 1b <u>DDA</u>	c. CITY OR TOWN <u>Clinton Twp</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR#3</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Charles Middle Bentley Last Martin 4. DATE OF DEATH Month 2 Day 6 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/25/1881 9. AGE (last birthday) 79

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

13a. FATHER'S NAME William Martin 13b. MOTHER'S MAIDEN NAME Lydia McGinnis 14. NAME OF HUSBAND OR WIFE Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 499-38-9100A 17. INFORMANT Mr Bertha Martin Address Clinton 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) Unknown Natural Causes. INTERVAL BETWEEN ONSET AND DEATH immediate
DUE TO (b) apparent acute Myocardial
DUE TO (c) Infarction

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 8:22 a.m. PM Month, Day, Year unattended

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 8:22 PM unattended to her and last saw her alive on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Richard V. King M.D. 21b. ADDRESS 106 S. 3rd - Clinton - Mo. 22c. DATE SIGNED 2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb 8, 1961 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) CLINTON, MO.

24. FUNERAL DIRECTOR Consalus ADDRESS Clinton, Mo. 25. DATE RECD. BY LOCAL REG. Feb 8 - 1961 26. REGISTRAR'S SIGNATURE Mary (Brigg) (Dep.)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FEB 15 1961

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

J. E. Lonsdale

Licensed Embalmer No. 1891

P. O. Address Clinton

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.