MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011386
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 86

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

0425
2930
3
4 0
5 1
6
7 1
8 2
9331X
10
11
12 86-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ | BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 18 1963

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 21 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jolly Nursing Home
Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First George Middle W. Last Martin

4. DATE OF DEATH: Month, Day, Year: March 11, 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/23/81
9. AGE (last birthday): 81
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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (City and state or country): Leon Kansas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William J. Martin
13b. MOTHER'S MAIDEN NAME: Caroline Kremble
14. NAME OF HUSBAND OR WIFE: Virginia Martin

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.: 513-09-7406
17. INFORMANT: Address: Virginia Martin, Osceola Mo.

MEDICAL CERTIFICATION

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)	Medullary Paralysis	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	3 days
DUE TO (c)	Cerebral Arteriosclerosis	years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Glomerulonephritis & Hypertension

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 a.m. p.m. Month, Day, Year
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 2-25-63 to 3-11-63 and last saw her him alive on 3-11-63
Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glasgow D.O.
22b. ADDRESS: Clinton, Mo.
22c. DATE SIGNED: 3/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/13/63
23c. NAME OF CEMETERY OR CREMATORY: Riverside
23d. LOCATION (City, town, or county) (State): Warsaw Missouri

24. FUNERAL DIRECTOR ADDRESS: Goodrich Funeral Home, Osceola Mo.
25. DATE RECD. BY LOCAL REG.: 3-13-1963
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 3-13-63 MD

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 H B Bowen

Licensed Embalmer No. 3038

P. O. Address Osceola 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.