Health, Welfare Public Service

300
1-57

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30784

Registration District No. 25 Primary Registration District No. 4036 Registrar's No.

1. PLACE OF DEATH a. COUNTY Bates b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill — Inside Limits Yes [X] No [ ] c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4th & Plum St. — Length of stay in 1b 4 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates c. CITY OR TOWN Rich Hill — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 4th & Plum St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIE Middle EVERETT Last MARTIN

4. DATE OF DEATH Month Sept. Day 18 Year 1957

5. SEX male

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Nov.12,1873

9. AGE (In years last birthday) 83 — 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) Railway conductor

10b. KIND OF BUSINESS OR INDUSTRY Rail road

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Martin

13b. MOTHER'S MAIDEN NAME Julia Long

14. NAME OF HUSBAND OR WIFE Lucy Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Mrs.Lucy Martin-Rich Hill,Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 June 1956, to Sept 18 1957 and last saw him alive on Sept 16 1957
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) MD — 22b. ADDRESS — 22c. DATE SIGNED Sept 19 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 9/20/57 — 23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery — 23d. LOCATION (City, town, or county) (State) Blue Springs,Missouri

24. FUNERAL DIRECTOR Booth Funeral Serv. — ADDRESS Rich Hill, Mo. — 25. DATE RECD. BY LOCAL REG. 9-21-1957 — 26. REGISTRAR'S SIGNATURE Mrs. Edna Douglas

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Buxton, Me

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.