

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004285

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 366 Primary Registration District No. 6242 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY WASHINGTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WASH.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeSoto (KINGSTON, TWP)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN DeSoto		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 Mi. S. DeSoto Hwy			Length of stay in lb 25 yrs	d. STREET ADDRESS (If outside, give location) 7 Mi. S. DeSoto on Hwy			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD BRENT MARTIN				4. DATE OF DEATH Month Day Year JAN 10 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT 8 1893		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) FERTILE Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME JOHN W. MARTIN				14. MOTHER'S MAIDEN NAME MARTHA MUELLER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT MRS MAE MARTIN		Address DeSoto Mo. RT. #1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of stomach, with metastases to liver and right pleural cavity.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH ? 2 years.
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.) 151X				
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
20f. STATE							
21. I attended the deceased from <u>Sept 1958</u> to <u>Jan 10, 1959</u> and last saw <u>him</u> alive on <u>Jan 9, 1959</u> . Death occurred at <u>1:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Thomas R. Donnell M.D. DeSoto, Mo.</u>				22b. ADDRESS		22c. DATE SIGNED 1-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
Burial	Jan 13 1959	Masonic Cemetery		Blackwell		Mo.	
24. FUNERAL DIRECTOR D. B. PIETRICH			ADDRESS DeSoto Mo.	25. DATE RECD. BY LOCAL REG. 1/13/59		26. REGISTRAR'S SIGNATURE Arletta Kudal	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

hh, ffare, lic, vice

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RECEIVED

JAN 13

WASH COUNTY HEALTH DEPT.

JAN 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donell B. Deitel*

Licensed Embalmer No.....4

P. O. Address *Adelphi*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.