Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006178
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 509 Shotwell — Length of stay in 1b: 30 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg 6512 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 509 Shotwell — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Arthur Middle: Sigmund Last: Martin
4. DATE OF DEATH Month Day Year: February 16, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 12, 1890
9. AGE (In years last birthday): 68 — 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): Retired Barber
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop
11. BIRTHPLACE (City and state or country): Newton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: A. S. Martin
13b. MOTHER'S MAIDEN NAME: Elizabeth Cain
14. NAME OF HUSBAND OR WIFE: Leigla La Verne Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W W I
16. SOCIAL SECURITY NO.: 495-01-5263
17. INFORMANT: Mrs. Arthur Martin, 509 Shotwell St. Warrensburg, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ 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 Feb. 16, 1959, to Feb. 16, 1959 and last saw him alive on Feb. 16, 1959
Death occurred at 7:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. Lee Cooper (Degree or title) MD
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 2/16/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 18 Feb 1959
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. Feb. 17, 1959
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FEB 26 1959

MAR 3 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 John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mis

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.