

FILED VS AUG 28 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-028460

STATE FILE NUMBER

Registration District No. 41 Primary Registration District No. 3012 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>OKLAHOMA</u> b. COUNTY <u>OTTAWA</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EXCELSIOR SPRINGS, MO.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PICHER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION</u>		Length of stay in lb <u>252</u>		STREET ADDRESS <u>835^d 516 SOUTH COLLEGE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>H.</u> Last <u>MARTIN</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>13</u> Year <u>59</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-2-08</u>		9. AGE (In years last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD AND ZINC</u>		11. BIRTHPLACE (City and state or country) <u>AURORA, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM MARTIN</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA BARROW</u>			14. NAME OF HUSBAND OR WIFE <u>EVELYN MARTIN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT Address <u>VA HOSPITAL RECORDS-EXCELSIOR SPRINGS, MO.</u>			
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>ENLARGEMENT OF HEART DUE TO PULMONARY DISEASE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>EMPHYSEMA, PULMONARY</u>						<u>24 months</u>	
DUE TO (c) <u>SILICOTUBERCULOSIS</u>						<u>24 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>COIX</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)				
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 STATE	
21. I attended the deceased from <u>12-5-58</u> to <u>8-13-59</u> and last saw ^{her} him alive on <u>8-13-59</u> Death occurred at <u>10:10 p.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. S. Arany</u> (Degree or title) <u>Director, Professional</u>			22b. ADDRESS <u>VA HOSPITAL, EXCELSIOR SPRINGS, MO.</u>			22c. DATE SIGNED <u>8-14-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>8-14-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		23d. LOCATION (City, town, or county) (State) <u>PICHER, OKLA.</u>		
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>8-22-59</u>		26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		

85961 # 1 100.



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 *Ludice Jarman*

- Licensed Embalmer No. *4589*
- P. O. Address *Cochran Springs, 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.