

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042621

FILED VS. NOV 29 1960

Registration District No. 170 Primary Registration District No. 4207 Registrar's No. 172

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY HACHEDE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LACHEDE									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONWAY		Length of stay in lb 5 YRS		c. CITY OR TOWN CONWAY MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME - CONWAY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILHARD Middle MARTIN Last MARTIN				4. DATE OF DEATH Month NOV Day 18 Year 1960									
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 7-25-1886		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET RAIL ROYDER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A			
13a. FATHER'S NAME EKLAH MARTIN				13b. MOTHER'S MAIDEN NAME MARY HELTON				14. NAME OF HUSBAND OR WIFE MATTIE LUELLA					
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. 702-12-8251		17. INFORMANT MATTIE MARTIN Address CONWAY MO							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Nitro Steroid Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year _____											
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 Mar. 18, 1960 to May 23, 1960 and last saw him alive on May 23, 1960 Death occurred at 1245 A on the date stated above, and to the best of my knowledge from the causes stated.													
22a. SIGNATURE W. D. Barber-Edwards (Degree or title)				22b. ADDRESS Barber, Mo.				22c. DATE SIGNED 11-21-60					
23. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		23b. DATE 11-18-1960		23c. NAME OF CEMETERY OR CREMATORY CONWAY				23d. LOCATION (City, town, or county) CONWAY MO (State)					
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD ADDRESS				25. DATE RECD. BY LOCAL REG. 11-21-1960		26. REGISTRAR'S SIGNATURE Altha L. Hays							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3

P. O. Address W. H. S. S. S.

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.