

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013581

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3705 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 8 1963**

1. PLACE OF DEATH or COUNTY: St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission):  
a. STATE Missouri b. COUNTY Franklin  
c. CITY OR TOWN Catawissa Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location): Route 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print):  
First Hazel Middle E. Last Martin

4. DATE OF DEATH: Month Mar Day 30 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married  Widowed  Never Married  Divorced

8. DATE OF BIRTH: 6/6/1921

9. AGE (last birthday): 41

IF UNDER 1 YEAR: Months 0 Days 0

IF UNDER 24 HR: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

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

13a. FATHER'S NAME: Luther Shorter

13b. MOTHER'S MAIDEN NAME: Hettie Yoder

14. NAME OF HUSBAND OR WIFE: Richard F. Martin

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

17. INFORMANT: Richard F. Martin Address: Route 1, Catawissa, 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) Carcinomatosis  
DUE TO (b) Cancer of Cervix  
DUE TO (c) 171-X  
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:  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 10:45 P. Month, Day, Year Mar 30, 1963

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.): Lutheran Hospital

20f. CITY, TOWN, OR LOCATION: Catawissa COUNTY Franklin STATE Mo

21. I attended the deceased from July 1962 to Mar 1963 and last saw her/him alive on Mar 17, 1963. Death occurred at Mar 30, 1963 10:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George E. Skinner M.D. (Degree of title)

22b. ADDRESS: 9730 E. Watson Rd

22c. DATE SIGNED: 4/1/63

23a. BURIAL, CREMATION, OR REMOVAL (Specify): Burial

23b. DATE: 4/2/63

23c. NAME OF CEMETERY OR CREMATORY: Nat'l Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County Mo

24. FUNERAL DIRECTOR: Frohwitter-Miller High Ridge, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: APR 1 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

**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 Herbert J. Cox Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood, 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.