

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 139

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 26 1963								
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Pettis</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in 1b 4 years</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 808 East Broadway Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Pettis</p> <p>c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 136 Rainbow Drive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>							
<p>3. NAME OF DECEASED (Type or print) CHARLES S. MARTIN First Middle Last</p>								
<p>4. DATE OF DEATH April 20 1963 Month Day Year</p>								
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Jan. 23, 1924</p>	<p>9. AGE (last birthday) 39</p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>			
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Service Station</p>		<p>11. BIRTHPLACE (City and state or country) Oklahoma City, Okla</p>		<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>		
<p>13a. FATHER'S NAME Jess Martin</p>			<p>13b. MOTHER'S MAIDEN NAME Helen Mims</p>			<p>14. NAME OF HUSBAND OR WIFE Betty Martin</p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>			<p>16. SOCIAL SECURITY NO.</p>			<p>17. INFORMANT Mrs. Betty Martin, 136 Rainbow Drive Address Sedalia, Mo</p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Coronary occlusion</p> <p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH Sudden</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY; TOWN, OR LOCATION COUNTY STATE</p>		
<p>21. I, <u>Charles Gordon Steuffer</u>, the deceased from <u>as coroner</u> to <u>her</u> and last saw <u>him</u> <u>alive on</u> _____ Death occurred at <u>9:50 A</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>								
<p>22a. SIGNATURE <u>Charles Gordon Steuffer</u> (Degree or title)</p>				<p>22b. ADDRESS <u>Coronary, Pettis Co.</u></p>		<p>22c. DATE SIGNED <u>4-22-63</u></p>		
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>4-23-63</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u></p>		<p>23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u> (State)</p>		
<p>24. FUNERAL DIRECTOR <u>D. W. Heckart, Gillespie Funeral Home</u> ADDRESS <u>Sedalia, Mo</u></p>				<p>25. DATE RECD. BY LOCAL REG. <u>April 23, 1963</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Francis Shelby</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

APR 30 1963

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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 R. Warner

Licensed Embalmer No. 5179

P. O. Address Seabrook, Md

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.