

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0030637

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED 08 64

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

478

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED	INSTEAD OF	DOCUMENT
Rev. 4/59				
10168				
28120				
3				
4 0				
5 1				
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7 0				
8 2				
4200H				
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11				
12 3-0				
13 1-0				
	SHOULD READ			
	BY AFFIDAVIT OF			

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo.		c. CITY OR TOWN Grand Tower	
Length of stay in 1b 1 week		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South East Mo. Hospital		d. STREET ADDRESS (If outside, give location) 100 Main St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Silas Middle A. Last Martin			4. DATE OF DEATH Month Sept. Day 1, Year 1964
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 3-4-1883
9. AGE (last birthday) 81-5-27	IF UNDER 1 YEAR Months 81 Days 5 Hours 27	IF UNDER 24 HR. Hours 27 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (City and state or country) Leemon, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Silas James Martin		13b. MOTHER'S MAIDEN NAME Rosana Story	
14. NAME OF HUSBAND OR WIFE Essie E. Martin			
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. 355-28-1643	
17. INFORMANT Mrs. Essie E. Martin; Grand Tower, Ill		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure			INTERVAL BETWEEN ONSET AND DEATH 28 hrs
DUE TO (b) Arteriosclerotic Heart Disease, yrs			
DUE TO (c) Surgery for Cancer of Rectum			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgery for Cancer of Rectum			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 10:30 a.m. / p.m.	Month, Day, Year 9/1/64		
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 Cape Girardeau, Mo.	COUNTY Jackson STATE Ill
21. I attended the deceased from 8/17/64 to 9/1/64 and last saw him on 9/1/64		Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Dr. C. P. McGinty M.D. (Degree or title)		22b. ADDRESS 1834 Broadway	22c. DATE SIGNED 9/3/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 3, 1964	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. Cape Girardeau, Mo.	
24. FUNERAL DIRECTOR Walther's Funeral Home	ADDRESS Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 9-5-64	26. REGISTRAR'S SIGNATURE Gene Kasten

USE BLACK INK OR TYPEWRITER RIBBON

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SEP 10 1964

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 David C. Leuchel

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, 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.