

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 2440

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 2850 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN <u>Guilford, rural - Washington township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Guilford, rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>township</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George Estey</u> b. (Middle) <u>Martin</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1949</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1891</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>57 7 19</u>
-----------------------	----------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Guilford, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>
--	--	--	--

13a. FATHER'S NAME <u>Thomas Alfred Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Jemina Ann Weathermon</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Evelyn</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. E. Martin, Guilford Mo.</u>	ADDRESS <u>Guilford Mo.</u>
---	--	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		<u>2 days.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lung abscess, resected</u> DUE TO (c) <u>Diabetes mellitus</u>		<u>8 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>3-4 yrs.</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>52"</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 15, 1948, to Jan 31, 1949, that I last saw the deceased alive on Jan 30, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. J. Kadull</u>	23b. ADDRESS <u>Conception, Mo.</u>	23c. DATE SIGNED <u>2/3/49</u>
---	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 4 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
--	--------------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. <u>2-3-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Crenshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. M. Pittman</u>	ADDRESS <u>Monongalia Mo.</u>
---	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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. 266

working under my personal supervision.

Student

Laurence J. Thompson  
Student Embalmer

Signed

G. M. Tittemore

Licensed Embalmer No. 2279

P. O. Address Monquillo, 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 this body is not embalmed, fact should be so stated above.