No. 300
10.48

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

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7099

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3024 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
c. LENGTH OF STAY (In this place): 42 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 S. PRARIE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: SCOTT INO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SIKESTON
d. STREET ADDRESS (If rural, give location): 123 S. PRARIE

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): HARRISON
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): FEB 5, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 6 1882
9. AGE (In years last birthday): 66 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICK MASON
10b. KIND OF BUSINESS OR INDUSTRY: BUILDER
11. BIRTHPLACE (State or foreign country): DYCUSBURG KY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILL N. MARTIN
13b. MOTHER'S MAIDEN NAME: JOSEPHINE McKEE
14. NAME OF HUSBAND OR WIFE: BIRDIE JANE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs H.H. Martin
ADDRESS: Sikeston Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 3 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1948, *to* Death, 1949, *that I last saw the deceased alive on* 3 Feb, 1949, *and that death occurred at* 7 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 15 Feb 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 7 1949
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): SIKESTON MO

DATE REC'D BY LOCAL REG.: Feb. 17th 1949
REGISTRAR'S SIGNATURE: Mrs T.F. Henry
25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home
ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office N
District File Number 249-
Date Filed 2-18-

FEB 28 1945

MAR 13 1945

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.

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo.

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.