

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9306

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

BIRTH NO. _____		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>5810</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery, Mo.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton, Mo. Rural Louisa</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton, Mo. Rural Louisa</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Martin,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21-1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>B</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 30th 1931</u>	9. AGE (In years last birthday) <u>17</u>	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) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cast Dalling, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Howard Martin,</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Eva Sloan,</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give way or dates of service) _____		16. SOCIAL SECURITY NO. <u>496-30-1971</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Martin,</u> ADDRESS <u>Bluffton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3533</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>Americus, Louisa County, MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mch 21 1949 5P</u>		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 <u>21 mch 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clement W. Sumner DDS, Crown</u>				23b. ADDRESS <u>Montgomery City, Mo</u>		23c. DATE SIGNED <u>22/mch/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Place</u>		24d. LOCATION (City, town, or county) (State) <u>Near Americus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 23-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Vera Lee Thompson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Americus, Mo.</u>	

Date Filed APR 7 1949
District No. _____

RECEIVED
DISTRICT HEALTH OFFICER No. 9

APR 12 1949

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 _____

D. B. Baker,

Student Embalmer No. _____

working under my personal supervision.

Signed D B Baker

Signed _____
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.