

No. 300
10-48

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15618

State File No.

39

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 143-A

1. PLACE OF DEATH a. COUNTY Greene <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rogersville Rural Taylor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rogersville Rural Taylor Miss.</u>	
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Home Rogersville-Rural</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>BENJAMIN</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 14, 1880</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months Days	
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>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>GREENE CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>GEORGE MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BREEDLOU</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE MARTIN</u>	
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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 ADDRESS <u>T. E. MARTIN Rogersville MO 64483</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary disease</u> ANTECEDENT CAUSES <u>Arterial Sclerosis</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>years?</u> <u>4201</u>
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19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>		20. AUTOPSY? YES <u>No</u> NO <u>No</u>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, garage, office bldg., etc.) <u>No</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>No</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>No</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>No</u>	

22. I hereby certify that I attended the deceased from 4/5 - 1943 to 3/2 - 1948, that I last saw the deceased alive on 3/2 - 1948, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. H. Foote M.D.</u>		23b. ADDRESS <u>Strofford Mo</u>		23c. DATE SIGNED <u>4/7/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Panther Valley Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Rogersville Rural MO.</u>					

DATE REC'D BY LOCAL REG. <u>5-11-49</u>		REGISTRAR'S SIGNATURE <u>W.S. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley-Fennell-Beraman Rogersville Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

H. H. Kelley

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3334

P. O. Address _____

Hardland 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.