

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24372

State File No. _____

FILED JUL 29 1949

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5-959 Registrar's No. 69

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| 1. PLACE OF DEATH a. COUNTY <u>Platte</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1 mile west of Platte</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Placeit DeMasters Farm</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Charles</u> | b. (Middle) <u>Elmer</u> | c. (Last) <u>Martin</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-49</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>March 21, 1885</u> | 9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____ |
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| 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>New Market, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Martin</u> | 13b. MOTHER'S MAIDEN NAME <u>May Sharp</u> | 14. NAME OF HUSBAND OR WIFE <u>XX</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>Frank Martin Platte City, Mo.</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 | | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u> |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>TOM H. Hulet</u> | 23b. ADDRESS <u>Corona Platte City Mo</u> | 23c. DATE SIGNED <u>7-20-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-21-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Judah Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Buchanan Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-20-49</u> | REGISTRAR'S SIGNATURE <u>Alphia Rollins</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Vaughn Funeral Home Weston, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED **JUL 26**
District Health Officer No. 8,
District File Number _____
Date Filed 7-27-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. B. Vaughn

Signed.....
Student Embalmer

Licensed Embalmer No. 023

P. O. Address W. Weston 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.

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