

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24392

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Pulaski</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>May 26, 1914</u>		9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>2 Days</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>Cherryville, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>America</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		d. STREET ADDRESS (If rural, give location)		3. NAME OF DECEASED a. (First) <u>Kenneth</u>				b. (Middle) <u>William</u>				c. (Last) <u>Martin</u>			
4. DATE OF DEATH (Month) <u>7</u> (Day) <u>26</u> (Year) <u>49</u>				13a. FATHER'S NAME <u>William Martin</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wisdon</u>				14. NAME OF HUSBAND OR WIFE <u>Delma Martin</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.				17. INFORMANT'S SIGNATURE OR NAME <u>William R. Alexander</u> ADDRESS <u>Fort Wood, 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* <u>acute pulmonary embolism</u> ANTECEDENT CAUSES <u>acute pancreatitis</u> Morbidity 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 <u>173</u> Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH <u>5870</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>7/24, 1949</u> , to <u>7/26, 1949</u> , that I last saw the deceased alive on <u>7/26, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE <u>[Signature]</u> (Degree or title)						23b. ADDRESS <u>Waynesville, Mo.</u>				23c. DATE SIGNED <u>7/26/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALEXANDER-CEM. CHERRYVILLE, MO.</u>				24d. LOCATION (City, town, or county) (State) _____							
DATE REC'D BY LOCAL REG. <u>8-1-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorn</u> 389				25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas S. Helms</u> ADDRESS <u>STEELVILLE</u>									

AUG 1



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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.

Student
Student Embalmer

Signed Thomas S. Hubert

Licensed Embalmer No. 4337

P. O. Address Steuwille, 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.