

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39978**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **183**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jerusalem	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevasa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevasa	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 400 East Sangland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 400 East Sangland			
3. NAME OF DECEASED a. (First) William b. (Middle) Samuel c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) November 13 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, never married widowed divorced (Specify)	8. DATE OF BIRTH July 10, 1870
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) Bedford Co. Missouri U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bedford Newton Martin		13b. MOTHER'S MAIDEN NAME Melinda Kappel	
14. NAME OF HUSBAND OR WIFE Ella Beel Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. no.	
17. INFORMANT'S SIGNATURE OR NAME Harry Martin		ADDRESS Agency, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 <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 Nov 13, 1949 , to Nov 13, 1949 , that I last saw the deceased alive on Nov 13, 1949 , and that death occurred at 7 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. L. Love, M.D. (Degree or title)		23b. ADDRESS Nevasa, Mo.	
23c. DATE SIGNED 11/15/49			
24a. BURIAL (Specify) Nov. 16, 1949		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Parkey Cemetery		24d. LOCATION (City, town, or county) (State) Nevasa Missouri	
DATE REC'D BY LOCAL REG. Nov. 17, 1949		REGISTRAR'S SIGNATURE Kathryn H. Havelley 1331	
25. FUNERAL DIRECTOR'S SIGNATURE W. L. Love		ADDRESS Nevasa	

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

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NOV 22 1949

RECEIVED

District Health Officer No. 7

District File Number 10-49-1223

Date Filed 11-21-49

DEC 7 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 _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature]
Student Embalmer No. _____

Licensed Embalmer No. 1760

P. O. Address Nevada 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.