

On *JW Corliss*
FILED JAN 6 1950

STANDARD CERTIFICATE OF DEATH

41938

State File No.

BIRTH NO. _____ REG. DIST. NO. *267* PRIMARY REG. DIST. NO. *3049* Registrar's No. *135*

1. PLACE OF DEATH

a. COUNTY *Demissot*

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Hayti*

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION *1*

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission.)

a. STATE *Missouri* b. COUNTY *Demissot*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Hayti*

d. STREET ADDRESS (If rural, give location) *1*

3. NAME OF DECEASED

a. (First) *Isaac* b. (Middle) *1* c. (Last) *Martin*

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Nov 22, 1949

5. SEX *Male Negro*

6. COLOR OR RACE *Negro*

7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify)

8. DATE OF BIRTH *Unknown*

9. AGE (In years, less birthday) *85*

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)
Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Lee County Miss

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MARDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Annie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Annie Martin Hayti Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *Acute Cardiac Dilatation*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) *Cardiac Decompensation*

DUE TO (c) *Senility*

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 mo.

4228

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) m.

21e. INJURY OCCURRED
WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from *Feb 15, 1949*, to *Nov. 22, 1949*, that I last saw the deceased alive on *Nov. 22, 1949*, and that death occurred *11:55 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
J. W. Corliss

23b. ADDRESS
Cautheville, Mo.

23c. DATE SIGNED
Dec 9th, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
11-26-49

24c. NAME OF CEMETERY OR CREMATORY
Concord

24d. LOCATION (City, town, or county) (State)
Concord Community Mo

DATE REC'D BY LOCAL REG.
12-10-49

REGISTRAR'S SIGNATURE
John St German

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
John St German Hayti, Mo

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

1-50-11

1901
JAN 1 1901

JAN 3 Rec'd

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 John St. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.