

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1995

State File No. ....

FILED FEB 11 1950

6.300  
10.48  
0804

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			c. LENGTH OF STAY (In this place) <u>8 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			<u>4804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2304 East 12th</u>				d. STREET ADDRESS (If rural, give location) <u>2304 East 12th</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle) <u>MARTIN</u>		c. (Last)		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 6, 1865</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
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		11. BIRTHPLACE (State or foreign country) <u>Chandlersville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Warren Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (last name unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Letha Marlin Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wm. Martin, 2304 E 12th, Sedalia, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, atypical, virus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Sessility</u>					} <u>3 years</u>	
		DUE TO (c) <u>extensive generalized arteriosclerosis &amp; hemiplegia</u>					} <u>2 years</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple cerebral infarcts at intervals</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2 5 12</u>				
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? <u>1</u>				
22. I hereby certify that I attended the deceased from <u>November, 1946</u> , to <u>Jan. 29, 1950</u> , that I last saw the deceased alive on <u>Jan. 29, 1950</u> , and that death occurred at <u>8:15 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Brudersins</u> (Degree or title) <u>M.D.U.</u>			23b. ADDRESS <u>317 1/2 S. Ohio St., Sedalia, Mo.</u>			23c. DATE SIGNED <u>1-30-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-31-50</u>		REGISTRAR'S SIGNATURE <u>Petty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>251</u> ADDRESS <u>W. Weckert Sedalia, Mo</u>				

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 6

District Health Officer No. 8,

District File Number.....

Date Filed.....2-10-50.....

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.....

*Frank S. Coffman Jr.*

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.