

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4579

390

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

BIRTH NO.		REG. DIST. NO. 121	PRIMARY REG. DIST. NO. 4200	Registrar's No. 67
1. PLACE OF DEATH a. COUNTY <i>Greene</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Greene</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ash Grove</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Ash Grove 0390</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>FIELDING</i> b. (Middle) <i>MATTHEW</i> c. (Last) <i>MARTIN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>February 13, 1950</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>OCTOBER 15, 1872</i>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>FARM</i>		9. AGE (In years last birthday) <i>77</i> F UNDER 1 YEAR Months <i>3</i> DAY <i>28</i> F UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>KENTUCKY</i>
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>John M. MARTIN</i>		13b. MOTHER'S MAIDEN NAME <i>SUSAN KENLEY</i>		14. NAME OF HUSBAND OR WIFE <i>ELLEN MARTIN</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>ELLEN MARTIN Ash Grove Mo.</i>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial failure</i> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i> <i>1 year</i> <i>several years</i>
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) <i>4201</i>
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 <i>Jan 25, 1950</i> , to <i>2-13</i> , 1950, that I last saw the deceased alive on <i>Feb-13</i> , 1950, and that death occurred at <i>8:55 p.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>D. Charles H. Orr M.D.</i>		23b. ADDRESS <i>Ash Grove Mo</i>		23c. DATE SIGNED <i>2-16-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>2-16-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Ash Grove Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Ash Grove Mo.</i>		24e. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <i>2/18/50</i>		REGISTRAR'S SIGNATURE <i>Dr. W. H. Wilson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wain Funeral Service Ash Grove Mo</i>

RECEIVED

Greene County Health Office,

County File Number 50-2-9

Date Filed 2-22-50

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

Warren D. Roberts

Licensed Embalmer No. 4005

P. O. Address Ch. Grove 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.