

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4675

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mound City</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		d. STREET ADDRESS (If rural, give location) <u>Mound City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mound City, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Agustus</u> c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 3 1950</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>Feb 6, 1882</u>
9. AGE (in years last birthday) <u>68</u>		10. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Chester C. Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Belle 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. <u>488-14-4842</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Franklin Martin</u>		ADDRESS <u>Mound City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND 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) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E976X	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>DAUGHTER'S HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MOUND CITY, MO. (HOLT CO.)</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 3 1950 10:30 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>#22 CALIBER SHOT SELF WITH WINCHESTER REPEATER RIFLE</u>

22. I hereby certify that I attended the deceased from X, 19 , to X, 19 , that I last saw the deceased alive on X, 19 , and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Howard E. Calahan, coroner</u> (Degree or title)	23b. ADDRESS <u>OREGON MO.</u>	23c. DATE SIGNED <u>MAR. 3 50</u>
--	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-16-50</u>	REGISTRAR'S SIGNATURE <u>J. C. Tracy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>...</u>
---	--	--

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



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 _____

James H Crawford Student Embalmer No. 352
working under my personal supervision.

Student James H Crawford
Student Embalmer

Signed A. H. Crawford
Licensed Embalmer No. 1824

P. O. Address Marion City 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.