

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7591

BIRTH NO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 5106		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cole Township</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cole Township</u>		6080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Miles South of Stover</u>				d. STREET ADDRESS (If rural, give location) <u>15 Miles South of Stover Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joel</u> b. (Middle) <u>Frank</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 15 1950</u>				
5. SEX <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 22 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Woodward County Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joel Thomas Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Briggs Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Nattie 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Williams</u> ADDRESS <u>Stover Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u>	DUE TO (b) <u>Hypostatic Pneumonia</u>						
ANTECEDENT CAUSES	DUE TO (c) <u>Carcinoma of prostate gland</u>						
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	<u>(Supplementary report)</u>						177X
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
				<u>Cole (Township) Benton, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1-1-50</u> , 19 <u>50</u> , to <u>3-15-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>50</u> , and that death occurred at <u>11:15 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. W. Moulton</u>			23b. ADDRESS <u>Stover</u>		23c. DATE SIGNED <u>3-18-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 18, 1950</u>		REGISTRAR'S SIGNATURE <u>E. L. Eichhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Thomas</u>		ADDRESS <u>Stover, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

Case File Number 2-50-20

Date Filed 3-21-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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.