

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 9552

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 13

0620
 1

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

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEVILLE</u>	
c. LENGTH OF STAY (If this place) <u>58YR.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES Wilford</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 8 1950</u>		
--	--	--	--	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. MARRIED</u>	8. DATE OF BIRTH <u>OCT-17-1891</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</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>CITY COLLECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COLLECTING</u>		11. BIRTHPLACE (State or foreign country) <u>PINEVILLE Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>THOMAS MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY VAZELK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Martin</u>		ADDRESS	
---	--	---------------------------------------	--	--	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Organic Heart disease</u>				7	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Excitement due to losses for</u>				3/7/50	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4343	

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)	
--	--	--	--	---	--

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 May 19, 1949, to Mar 8, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 5: am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Bissel D. V.</u>		23b. ADDRESS <u>Pineville, Mo.</u>		23c. DATE SIGNED <u>3/11/50</u>	
---	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pineville</u>		24d. LOCATION (City, town, or county) (State) <u>Pineville, Mo.</u>	
---	--	-----------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>3-20-50</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Humphrey</u>		ADDRESS <u>Pineville, Mo.</u>	
--	--	--	--	---	--	----------------------------------	--

RECEIVED APR 5 1950
District Health J. Vo. 6,
District File Number 450-403
Date Filed 4-5-50

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

H. M. Humphrey, Jr.
.....

Licensed Embalmer No. 4708

P. O. Address Noel, 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.