

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12232

State File No.

BIRTH NO. REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 8782 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Rural Shawanee</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>		c. CITY OR TOWN <u>Rural Shawanee</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles East Fruitland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles East Fruitland</u>				3. NAME OF DECEASED a. (First) <u>JESSE CLARENCE</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>MARTIN</u>			
4. DATE OF DEATH <u>April 12, 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>Dec 20, 1878</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>near Fruitland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Silas Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Story</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Young Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Harold Crippen Chaffee 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, hypertensive heart disease, stroke, 2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Front Arteriosclerosis 5 yrs</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>V</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		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 <u>Jan 1, 1945</u> to <u>April 12, 1950</u> , that I last saw the deceased alive on <u>April 12, 1950</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. McLaughlin M.D.</u>				23b. ADDRESS <u>Jackson Mo</u>		23c. DATE SIGNED <u>4-13-50</u>	
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>near Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>Burial</u>		REGISTRAR'S SIGNATURE <u>D. S. Stribner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Jackson Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 17 1955

DISTRICT HEALTH OFFICE No.

File No. 450-558

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 Gene C. Cravcraft

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.