

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14155

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland	
c. LENGTH OF STAY (in this place) 9 Yrs		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Henry	b. (Middle) E.	c. (Last) Martin	(Month) 4	(Day) 17	(Year) 1950

5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-5-1873	9. AGE (In years last birthday) 76	10. IF UNDER 1 YEAR Months 10	11. IF UNDER 24 HRS. Days 12	12. IF UNDER 1 Min.
----------	------------------------	--	---------------------------	------------------------------------	-------------------------------	------------------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Adv. Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jackson Michigan	12. CITIZEN OF WHAT COUNTRY? U S A
--	-----------------------------------	--	------------------------------------

13a. FATHER'S NAME Henry Martin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Flicia Martin
---------------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Flicia Martin	ADDRESS Richland Mo.
---	-------------------------	--	----------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Symptoms 3 months 15ix
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Minute)	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 Feb 1950, to Apr 17, 1950, that I last saw the deceased alive on April 16, 1950, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS Richland	23c. DATE SIGNED 27 Oct 50
----------------------------------	-----------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-18-1950	24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery	24d. LOCATION (City, town, or county) (State) Richland Mo
--	---------------------	--	---

DATE REC'D BY LOCAL REG. 4-27-50	REGISTRAR'S SIGNATURE Thelma C. Buckthorp	389	25. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden	ADDRESS Hartsville
----------------------------------	---	-----	---	--------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4/27/50
Pulaski County Health Officer
File Number.....
Date Filed 4/27/50.....

SEP 7

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.

Signed Gene E. Holdren

Signed.....
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.