

FILED MAY 26 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 15879

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 159			
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Columbia</u> 0100		d. STREET ADDRESS (If rural, give location) <u>Rural Route 4</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x x Route 4</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 4</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>A.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-17-1950</u>						
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 7 1859</u>		9. AGE (In years last birthday) <u>90</u>	# UNDER 1 YEAR <u>8</u> Days	# UNDER 4 WKS. Hours <u>10</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Foster Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Parlee Christian</u>		14. NAME OF HUSBAND OR WIFE <u>Mollie Barnes Martin</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Fortney</u>		ADDRESS <u>Columbia</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, asphyxia, 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 Insufficiency</u>				DUPLICATE				<u>6 Months</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Senility</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	
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)		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</u> , 19 <u>50</u> , to <u>MAY 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>MAY 14</u> , 19 <u>50</u> , and that death occurred at <u>6:45 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Daniels</u> (Degree or title) <u>DO.</u>				23b. ADDRESS <u>Columbia Mo.</u>		23c. DATE SIGNED <u>May 18-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 19 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>				
DATE REC'D BY LOCAL REG. <u>May 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Sweet</u>		ADDRESS <u>Columbia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

RECEIVED  
MAY 22 1950  
District Health Officer No. 9,  
District File Number

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. ....

Signed.....  
Student Embalmer

Signed

*L. J. Spink*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, Md*

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.