

## STANDARD CERTIFICATE OF DEATH

State File No. 8880

0641

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 8880

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baliviar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 West Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>615 West Broadway</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Frank Edward Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 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>May 9 1901</u>
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during majority of working life, even if retired) <u>Deputy Sheriff</u>	11. BIRTH PLACE (State of foreign country) <u>Baliviar Missouri</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>Peace Officer</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Walter E. Martin</u>		14. NAME OF MOTHER OR WIFE <u>Mrs. Vera 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>494-18-5417</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter E. Martin</u>		ADDRESS <u>Baliviar 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
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. <u>4501</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)		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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>31 May, 1950</u> , and that death occurred at <u>6:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John R. Riven M.D.</u>		23b. ADDRESS <u>Baliviar Mo</u>	
23c. DATE SIGNED <u>3 June 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 2 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baliviar Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Emmie Blue</u>		ADDRESS <u>Baliviar Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6.15.50  
District Health Officer No. 7,  
District File Number 5-50-660  
Date Filed 6.16.50

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.....

Signed.....  
*Chas. J. Costa*

Signed.....

Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Baldwin, 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.