

No. 300
10-48

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2163

BIRTH NO. 3343-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Waynesville		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba 0280		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Rex c. (Last) Martin			4. DATE OF DEATH (Month) 1 (Day) 6 (Year) 51		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 0	8. DATE OF BIRTH 1/6/51	9. AGE (In years last birthday) Newborn	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pulaski Co., Missouri 0		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Fred Conrad Martin		13b. MOTHER'S MAIDEN NAME Helen Margaret Besemer		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Fred C. Martin ADDRESS Cuba - 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 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.			INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 776X
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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 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 1-6, 1951, to 1-6, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE G. A. Elders, M.D. (Degree or title)		23b. ADDRESS Cuba, Mo.		23c. DATE SIGNED 1-8-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 9-1951	24c. NAME OF CEMETERY OR CREMATORY KINDER CEMETERY	24d. LOCATION (City, town, or county) (State) CUBA MO.		
DATE REC'D BY LOCAL REG. 1-11-51	REGISTRAR'S SIGNATURE Wilma C. Buckthorn 329		25. FUNERAL DIRECTOR'S SIGNATURE EIBERT E. LONG FUNERAL HOME		ADDRESS CUBA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-11-51
Pulaski County Health Officer
File Number
Date Filed 1-11-51

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.....

Body Cavity Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Norman C. Hoener*

Licensed Embalmer No. *4673*

P. O. Address *Cuba, Missouri*

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.