

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

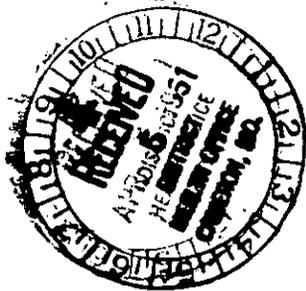
3218

BIRTH NO. 29086-50 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Luzerne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Luzerne</u>					
b. CITY OR TOWN <u>Chillicothe MO</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Chillicothe</u>		0592			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>78 Washington</u>				d. STREET ADDRESS (If rural, give location) <u>78 Washington</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u>			b. (Middle) <u>Joe</u>		c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 30 51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April-8-50</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>11-22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willard E. Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Marjorie Neberger</u>			14. NAME OF HUSBAND OR WIFE			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Willard Martin</u> ADDRESS <u>78 Washington</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis, Epidemic</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0.579</u>						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) <u>Chillicothe</u> (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>Apr. 8, 1950</u> , to <u>Mar. 30, 1951</u> , that I last saw the deceased alive on <u>March 1, 1951</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe, MO</u>		23c. DATE SIGNED <u>Mar. 31-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-31-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>			
DATE REC'D BY LOCAL REG. <u>3/21/51</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Beckwith</u> ADDRESS <u>Chillicothe MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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



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 Chickitt

Licensed Embalmer No. 3227

P. O. Address Chickitt

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.