

FILED APR 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11553

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 23

1. PLACE OF DEATH  
 a. COUNTY BOONE  
 b. CITY (If outside corporate limits, write RURAL and give township) STURGEON  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
 a. STATE MISSOURI b. COUNTY BOONE  
 c. CITY (If outside corporate limits, write RURAL and give township) STURGEON  
 d. STREET ADDRESS (If rural, give location) 1100

3. NAME OF DECEASED  
 a. (First) Joseph b. (Middle) Sevin c. (Last) Martin  
 (Type or Print)

4. DATE OF DEATH Apr. 14 - 1951  
 5. SEX MALE 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced  
 8. DATE OF BIRTH Apr. 18 - 1873 9. AGE (In years last birthday) 77 if UNDER 1 YEAR Months 11 Days 26 Hours 1 Min.

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

13a. FATHER'S NAME William C. Martin 13b. MOTHER'S MAIDEN NAME Mary M. Perrina 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) NO  
 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Buster Martin ADDRESS Davenport Iowa

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) Cerebral Apoplexy.  
 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 334x 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/51, to 4/14/51, 1951, that I last saw the deceased alive on 11:15 A, 1948 and that death occurred at 12:06 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. ... 23b. ADDRESS Sturgeon Mo. 23c. DATE SIGNED Apr. 16 - 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Apr. 16 - 1951 24c. NAME OF CEMETERY OR CREMATORY Jonesboro - Tenn. 24d. LOCATION (City, town, or county) (State) Jonesboro - Tenn.

DATE REC'D BY LOCAL REG. April 17 - 1951 REGISTRAR'S SIGNATURE Maud M. Bridger 25. FUNERAL DIRECTOR'S SIGNATURE Barnes & Booth - Sturgeon Mo. ADDRESS

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

rec 82 1111

RECEIVED 4-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 4-23-51 \_\_\_\_\_

OCT 14 1954

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 W. E. Boothe

Licensed Embalmer No. 4087

P. O. Address Stunglen 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.