

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13553**

FILED APR 17 1951

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike			
b. CITY OR TOWN Louisiana		c. LENGTH OF STAY (In this place) 4 hours		c. CITY OR TOWN Rural, Buffalo		0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) R # 2 Louisiana, Mo.			
3. NAME OF DECEASED (Type or Print) Henry		a. (First) Ellis		b. (Middle) Martin		c. (Last)	
4. DATE OF DEATH April 7, 1951		(Month)		(Day)		(Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 21, 1902	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR 9 Months		IF UNDER 1 YEAR 16 Days		IF UNDER 1 WEEK 16 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) (?) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Martin		13b. MOTHER'S MAIDEN NAME Maude (?)		14. NAME OF HUSBAND OR WIFE Leona			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 520-05-2818		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry E. Martin, Louisiana, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis		ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				29 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				1 wk.	
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/7/51 , 19 51 , to 4/7/51 , 19 51 , that I last saw the deceased alive on 4/7/51 , 19 51 , and that death occurred at 4:30pm. , from the causes and on the date stated above.							
23a. SIGNATURE Chas H. Kemelle M.D.				23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 4/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
DATE RECD BY LOCAL REG. April 9, 1951		REGISTRAR'S SIGNATURE Bernice Collier		FUNERAL DIRECTOR'S SIGNATURE George O. Magnay		ADDRESS Louisiana, Mo.	

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

Lewellen

1821

APR 14 1951

Date Received:

DISTRICT HEALTH OFFICE #2

District File Number 4-51-720

Date Filed! APR 16 1951

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, ~~XXX~~.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed *George O. Wagner*.....

Licensed Embalmer No. 3773.....

P. O. Address Louisiana, 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.