

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19794
Registrar's No. 38

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 0381

330
1

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

1. PLACE OF DEATH a. COUNTY Bant		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Bant	
b. CITY (If outside corporate limits, write RURAL and give township) Current		c. CITY (If outside corporate limits, write RURAL and give township) Near Montauk Mo	
c. LENGTH OF STAY (in this place) sev yr's		TOWN 0330	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print)	a. (First) Zack	b. (Middle) Taylor	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) June 13/51
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 16/72	9. AGE (in years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Texas Co Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Nathan Martin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Rose Ann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Martha Scott	ADDRESS St. Louis Mo
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 442 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 10 1951, to June 14 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 2 A. M., from the causes and on the date stated above.

23a. SIGNATURE D. G. Nelson M.D.	23b. ADDRESS Salem Mo	23c. DATE SIGNED June 15 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/15/51	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. June 18, 1951	REGISTRAR'S SIGNATURE M. M. Hart M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Spencer	ADDRESS Salem, Mo
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 26 1951

RECEIVED

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 _____

Carl H. Spinner

Signed.....
Student Embalmer

Licensed Embalmer No. 2370

P. O. Address Jalisco 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.