

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19944

State File No.

 BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillecothe</u> <u>0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Do not know</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Luther</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>11</u> <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>10-29-1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</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>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Samuel Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Jane Hoyt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Do not know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Martin, Chillecothe Mo.</u>	ADDRESS _____
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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 <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Starvation</u> 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>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 June 5, 1951, to June 11, 1951, that I last saw the deceased alive on June 8, 1951, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or Aith) <u>Merriam Parker MD</u>	23b. ADDRESS <u>Bethany</u>	23c. DATE SIGNED <u>6/16/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norman Mortuary</u>	24d. LOCATION (City, town, or county) (State) <u>Chillecothe Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-11-51</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Has</u>	ADDRESS <u>Bethany, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed _____

W B Haas

Signed _____
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.