No. 300
10-48

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

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23783

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4333 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California
c. LENGTH OF STAY (in this place): 1week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latham Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): South Moniteau "Rural"
d. STREET ADDRESS (If rural, give location): 7 Miles North Clarksburg

3. NAME OF DECEASED (Type or Print)
a. (First): Reuben
b. (Middle): ~~xx~~ .Ira
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): July, 18, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: January, 6, 1869
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: William A. Martin
13b. MOTHER'S MAIDEN NAME: Martha Jane Arnold
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Floyd York, Clarksburg, Mo

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 yrs.
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: 331X
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) m.
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* May 29, 1957, *to* July 18, 1951, *that I last saw the deceased alive on* July 18, 1957, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenyon Latham (Degree or title): M.D.
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 7-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/20/1951
24c. NAME OF CEMETERY OR CREMATORY: Clarksburg Masonic
24d. LOCATION (City, town, or county) (State): Clarksburg, Mo

DATE REC'D BY LOCAL REG.: 7-23-57
REGISTRAR'S SIGNATURE: H. R. Popejoy L.R.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Jennie E. Richards, Tipton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-25-51

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 Jennell E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, 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.