

FILED SEP 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26276

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 48

1. PLACE OF DEATH  
 a. COUNTY Caldwell 0130  
 b. CITY OR TOWN Hamilton  
 c. LENGTH OF STAY (in this place) 32 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri  
 b. COUNTY Caldwell  
 c. CITY OR TOWN Hamilton 0130  
 d. STREET ADDRESS Corner Evoo + School

3. NAME OF DECEASED  
 a. (First) Charles  
 b. (Middle) Martin  
 c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year)  
 Aug 26 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Apr 25 1873

9. AGE (In years last birthday) Months Days Hours Min.  
 78 4 1 - 6

10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Clerk

11. KIND OF BUSINESS OR INDUSTRY Retail Store

11. BIRTHPLACE (State or foreign country) Chillicothe, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm Martin

13b. MOTHER'S MAIDEN NAME Bernella Lewis

14. NAME OF HUSBAND OR WIFE Amanda Martin

15. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.

16. SOCIAL SECURITY NO. 500-07-8178A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Martin Hamilton 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARDIOVASCULAR DISEASE  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arterio Sclerotic Heart Disease -  
 DUE TO (c)  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
 3 yrs.  
 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
 Hamilton Caldwell MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 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 Aug 15, 1951, to Aug 25, 1951, that I last saw the deceased alive on Aug 25, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Daley, M.D.

23b. ADDRESS Hamilton, Mo.

23c. DATE SIGNED 8-26-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Aug 28 1951

24c. NAME OF CEMETERY OR CREMATORY Highland Cem.

24d. LOCATION (City, town, or county) (State) Hamilton Mo

DATE REC'D BY LOCAL REG. Aug 30/51

REGISTRAR'S SIGNATURE Gladys Jones

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Grace Funeral Home Hamilton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*R. J. Brown*

Signed.....

Student Embalmer

Licensed Embalmer No. 3052

P. O. Address Hamilton, 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.