

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26482
 State File No.

BIRTH NO. 4295351 REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Crawford 0280</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Osage 0280</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Eaton school district</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Dwight</u>	b. (Middle) <u>Edward</u>	c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 17, 1951</u>	9. AGE (In years last birthday) <u>24</u>	10. UNDER 1 YEAR Months <u>24</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dwight Paul Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Brown</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 war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dwight E. Brown</u>	ADDRESS <u>Steeleville</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diarrhea</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>7640</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) m.	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 July 17, 1951, to Aug 11, 1951, that I last saw the deceased alive on Aug 11, 1951, and that death occurred at 4:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Dwight E. Brown</u> (Design or title) <u>DO.</u>	23b. ADDRESS <u>Steeleville Mo</u>	23c. DATE SIGNED <u>8/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARTIN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CRAWFORD Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>THOMAS S. HALBERT</u>	ADDRESS <u>STEELEVILLE, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE NO.

AUG 17 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.