

FILED OCT 3 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30941

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>12 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 5 1/2 miles NE of Ritchey</u>		d. STREET ADDRESS (If rural, give location) <u>Pierce City, Mo. R#2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>Pierce City, Mo. R#2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Willard</u>		b. (Middle) <u>Jess</u>		c. (Last) <u>Martin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr. - 22 1915</u>		9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u>23</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Cordia Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Berniece Martin</u>			
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 ADDRESS <u>Berniece Martin Pierce City, Mo</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		11. 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>4202</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 7</u> , 1951, to <u>Sept. 14</u> , 1951, that I last saw the deceased alive on <u>9-12-1951</u> , and that death occurred at <u>4:42 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stella M. D.</u>				23b. ADDRESS <u>Stella Mo.</u>		23c. DATE SIGNED <u>9-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newtonia I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Newtonia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 20, 1951</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Morris Pope Wheaton Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0730

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 254-260

Date Filed Sept. 26-1954

NEOSHO, MISSOURI

NOV 26 1954

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 Wm. Morris Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 3447

P. O. Address Neosho, 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.