

FILED DEC 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 37797
Registrar's No. 549

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>136</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>549</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</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 OR TOWN <u>Joplin</u>) | | c. LENGTH OF STAY (in this place) <u>71 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca</u> | | <u>0730</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> | | b. (Middle) <u>Garfield</u> | | c. (Last) <u>Martin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 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>Feb. 25, 1880</u> | | |
| 9. AGE (In years last birthday) <u>71</u> | | # UNDER 1 YEAR Months | | # UNDER 6 HRS. Days | | # UNDER 2 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>blacksmith & Hoisteman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u> | | 11. BIRTHPLACE (State or foreign country) <u>Joplin, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Martin</u> | | | 13b. MOTHER'S MAIDEN NAME _____ | | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Martin</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Martin, Rt. 2, Seneca, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis arising from cancer of prostate</u> ANTECEDENT CAUSES <u>prostate</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>known to exist 2 yr.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 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) _____ | | <u>177X</u> | | |
| 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>11-11-51</u> , 19 <u>51</u> , to <u>11-25, 1951</u> , that I last saw the deceased alive on <u>11-25, 1951</u> , and that death occurred at <u>3:13 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>410 Jackson, Joplin, Mo</u> | | 23c. DATE SIGNED <u>12-5-51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-29-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u> | | 24d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-8-51</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary, Joplin, Mo.</u> ADDRESS _____ | | | | |

RECEIVED 12-10-81
Jasper County Health Office

County File Number 51/12/920
Date Filed 12-10-81

Dr. De Star

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.....
Student Embalmer

Signed Arthur Parker.....

Licensed Embalmer No. 23 H 8.....

P. O. Address Opole, 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.