

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40659

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1214 East Ash ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1214 East Ash ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterling</u> b. (Middle) <u>B.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 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>May 24 1885</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Stephens College Dining Room</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dining Room</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>William Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Wintz</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>262-44-3157</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Martin 1214 East Ash Columbia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Angina Pectoris</u>			<u>1 day</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Diarrhea and Enteritis</u>					<u>3-4 days</u>	
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>5711</u>			

22. I hereby certify that I attended the deceased from Dec. 18, 1951, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Sparks D.O.</u>		23b. ADDRESS <u>311 C.C. Ave Columbia, Missouri</u>		23c. DATE SIGNED <u>12-21-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 23 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mon. Salem Cemt</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Mo.</u>	
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DATE REC'D BY LOCAL REG <u>Dec 26 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.M.C. Burnett Ashland Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-31-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-2-52

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 *W. C. Burnett*

Licensed Embalmer No. 3564

P. O. Address *Ridgeland, Miss.*

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.