

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **445**
 Registrar's No. **1**

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

 0143

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (in this place) 25 years		d. STREET ADDRESS (If rural, give location) 13 Ewing Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 13 Ewing Ave.,			

3. NAME OF DECEASED (Type or Print)	a. (First) Ruben	b. (Middle) J.	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb, 22, 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR (Months) 10	IF UNDER 1 YEAR (Days) 11	IF UNDER 1 HR. (Hours) _____	IF UNDER 1 HR. (Mins.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Crippled)	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Clark, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Martin	13b. MOTHER'S MAIDEN NAME Annie Fisher	14. NAME OF HUSBAND OR WIFE None
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Fletcher,	ADDRESS Fulton, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		3 wks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia DUE TO (c) Acute secondary leukemia		3 wks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **Nov**, 19**46**, to **Jan 3**, 19**52**, that I last saw the deceased alive on **31 Dec**, 19**51**, and that death occurred at **6:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED Jan. 5, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Mo
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DATE REC'D BY LOCAL REG. Jan. 5. 1952	REGISTRAR'S SIGNATURE [Signature]	426	25 FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Haller General Home, Fulton, Mo.
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Daniel C. Browning.....

Licensed Embalmer No. 2724.....

P. O. Address Fulton, Md......

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.