

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

792

FILED JAN 30 1952

State File No. _____
Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 342

350

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>ARK.</u> COUNTY <u>FULTON</u> | |
| b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT (RURAL)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAMMOUTH SPRINGS, ARK.</u> | |
| c. LENGTH OF STAY (in this place) <u>9 MOS.</u> | | d. STREET ADDRESS (If rural, give location) <u>803 1/2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 1 Independence Hosp.</u> | | | |

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| 3. NAME OF DECEASED (First) <u>Johnny</u> | (Middle) <u>E.</u> | (Last) <u>MARTIN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19-1952</u> |
|---|--------------------|----------------------|--|

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|-----------------|------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>M</u> | COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>Aug 30-1875</u> | 9. AGE (In years last birthday) <u>76</u> | If under 1 year Months <u>4</u> Days <u>19</u> | If under 1 hr. Hours _____ Mins. _____ |
|-----------------|------------------------|---|-------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>RETIRED FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | 11. BIRTHPLACE (State or foreign country) <u>FULTON COUNTY ARK.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>RILEY MARTIN</u> | 13b. MOTHER'S MAIDEN NAME <u>JANE TAYLOR</u> | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | (If yes, give war or dates of service) <u>X</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEE SMITH KENNETT</u> | ADDRESS <u>RT 1</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------------|--|------|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 4207 | 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) _____ |
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| | | |
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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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on JAN 19, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

| | | |
|---|-----------------------------|---------------------------------|
| 23a. SIGNATURE <u>Walter A. Humphrey</u> (Degree or title) <u>CORONER</u> | 23b. ADDRESS <u>KENNETT</u> | 23c. DATE SIGNED <u>1-19-52</u> |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1-20-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MAMMOUTH SPRINGS ARK</u> |
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|---|--|---|---------------|
| DATE REC'D BY LOCAL REG. <u>1-20-52</u> | REGISTRAR'S SIGNATURE <u>Emil Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Leota Service Kennett</u> | ADDRESS _____ |
|---|--|---|---------------|

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-23-52

COUNTY FILE NUMBER 152-21

Handwritten notes:
Karlson, Thomas, Jones
Dorothy Sparks
Sparks, Carl
Mason, etc.
J. F. Mason

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.....

Signature: Evelyn Sue Ford

Licensed Embalmer No. 4433

Signed.....
Student Embalmer

P. O. Address *Remett's 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.