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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5982

State File No.

100
FILED MAR 11 1952
BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 4407

Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte		c. LENGTH OF STAY (In this place) 41 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaMonte		0800
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0		

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Homer c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) 3 1 1952		
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH Aug 14 1888		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Blasius F. Martin		13b. MOTHER'S MAIDEN NAME Suda Sparks		14. NAME OF HUSBAND OR WIFE Edna Alexander Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Martin Jr. LaMonte Mo.	

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) ① Chr Valvular Disease			INTERVAL BETWEEN ONSET AND DEATH 7 years
		ANTECEDENT CAUSES Morbid 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. ① Chr nephritis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LaMonte Pettis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 12:03 pm		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4214	

22. I hereby certify that I attended the deceased from **June 1, 1951**, to **June 1, 1952**, that I last saw the deceased alive on **May 1, 1952**, and that death occurred at **12:03 pm**, from the causes and on the date stated above.

23a. SIGNATURE Paul M. Mow		(Degree or title)		23b. ADDRESS LaMonte Mo	
23c. DATE SIGNED Mo 4-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 3-4-52	
24c. NAME OF CEMETERY OR CREMATORY LaMonte Cemetery		24d. LOCATION (City, town, or county) (State) LaMonte Mo.			

DATE REC'D BY LOCAL REG. 3-4-1952		REGISTRAR'S SIGNATURE Paul M Mow		FUNERAL DIRECTOR'S SIGNATURE Paul M Mow	
				ADDRESS LaMonte Mo	

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte, 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.