

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7348**

REC'D MAR 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **72**

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1. PLACE OF DEATH (Mo. State Cancer Hospital) a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>COLUMBIA</b>	c. LENGTH OF STAY (In this place) <b>12 DAYS</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>SMITHVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ELLIS FISCHAL ST. CANCER HOSP</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>MARTIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-10-1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-3-1893</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Disposal</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ATHERTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Abraham Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Bittle</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl Martin</b>
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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) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>500-20-9559</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Martin</b>	ADDRESS <b>R<sup>5</sup> Smithville, Mo.</b>
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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 <b>4 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized lympho-sarcoma, primary - soft tissue, thigh</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b>2001X</b>		
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 checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-30, 1952**, to **3-10, 1952**, that I last saw the deceased alive on **3-10, 1952**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard E. Johnson, M.D.</b>	23b. ADDRESS <b>Columbia, Mo</b>	23c. DATE SIGNED <b>3-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>March 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smithville</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar 10, 1952</b>	REGISTRAR'S SIGNATURE <b>Wm R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Funeral Service</b>	ADDRESS <b>Columbia, Mo</b>
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WRITE PLAINLY—USING UNFAADING 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

*Lawrence M. Butler*

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.