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FILED MAR 17 1952

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 11670

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: SCHUYLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Schuyler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LANCASTER 0980
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) RUSSELL c. (Last) MARTIN
4. DATE OF DEATH (Month) (Day) (Year): MAR 7, 1952
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 5, 1870
9. AGE (In years last birthday): 81 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): SCOTLAND Co, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: NATHAN MARTIN
13b. MOTHER'S MAIDEN NAME: MELVINA GRISMAN
14. NAME OF HUSBAND OR WIFE: MARY E. MARTIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS LOYD THIPLETT — ADDRESS: LANCASTER, MO

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Interval between onset and death: 1 week

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic Nephritis and — Interval: Unknown

~~DUE TO (c)~~ Arterial sclerosis, hypertension — Interval: Unknown

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: 446X
20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 14, 1952 *to* March 7, 1952 *that I last saw the deceased alive on* Mar. 6, 1952 *and that death occurred at* 5-10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ida M. Nulton, M.D. (Degree or title)
23b. ADDRESS: Lancaster, Mo.
23c. DATE SIGNED: 3/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR 9, 52
24c. NAME OF CEMETERY OR CREMATORY: ARNI MEMORIAL
24d. LOCATION (City, town, or county) (State): LANCASTER Mo.

DATE REC'D BY LOCAL REG.: Mar. 9-52
REGISTRAR'S SIGNATURE: Chas. R. Drake
25. FUNERAL DIRECTOR'S SIGNATURE: Everett R. Head — ADDRESS: Lancaster, Mo.

(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 Everett R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, Mo.

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.