

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13933

MAY 6 1952

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6042		Registrar's No. 275	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly		c. LENGTH OF STAY (In this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly		d. STREET ADDRESS (If rural, give location) Mo 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Hase c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) 4-19-1952				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-6-1878		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY General Store		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Suda Mayes Martin			
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, ADDRESS Mamie Ray Detroit, Mich.			
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) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 		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 May , 1951, to April 19 , 1952, that I last saw the deceased alive on 4/7 , 1952, and that death occurred at --- m., from the causes and on the date stated above.							
23a. SIGNATURE J. E. White M.D. (Degree or title)				23b. ADDRESS Waylor Mo		23c. DATE SIGNED 4/24/52	
24a. BURIAL, CREMATION REMOVAL (Specify) burial		24b. DATE 4-23-1952	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery		24d. LOCATION (City, town, or county) (State) Oxly, Mo.		
DATE REC'D BY LOCAL REG. 4-28-52		REGISTRAR'S SIGNATURE E. D. Johnston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Black-Edwards Funeral Home Doniphan, Mo.			

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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Dorphan Me

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.