

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15648

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 562

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3002 Locust St.		d. STREET ADDRESS (If rural, give location) 3002 Locust St.	

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Irvin c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) May 26, 1952					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 22, 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 1 MIN. Hours 0	IF UNDER 1 MIN. Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Near Cameron, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Alberts Martin			13b. MOTHER'S MAIDEN NAME Mattie Trachsel			14. NAME OF HUSBAND OR WIFE Ada 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. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Martin, 3002 Locust St., Joseph, Mo.		ADDRESS 3002 Locust St., Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 month Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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.) none	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) none
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from May 17, 1952, to May 26, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Allen S. Herman (Degree or title) MD	23b. ADDRESS 706 Francis St. Joseph, Mo.	23c. DATE SIGNED 5-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/27/1952	24c. NAME OF CEMETERY OR CREMATORY King City Cemetery
24d. LOCATION (City, town, or county) (State) King City, Missouri		

DATE REC'D BY LOCAL REG. MAY 28, 1952	REGISTRAR'S SIGNATURE Carl C. East	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman	ADDRESS Funeral Home
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(Licensed Embalmer's Statement on Reverse Side) **St. Joseph, Mo.**

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

Dr. J. J. ...

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 *William Spaulding*

Licensed Embalmer No. *45-35*

P. O. Address *319 S. 10th St. Joseph, 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.