

STANDARD CERTIFICATE OF DEATH

15836

State File No.

No. 200
10. 48

FILED JUN 3 1952

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 821

1. PLACE OF DEATH a. COUNTY: <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville</u>	c. LENGTH OF STAY (If this place) <u>4 hrs</u>	c. CITY OR TOWN <u>Rural Austin Twp.</u>	d. STREET ADDRESS (If rural, give location) <u>Austint, Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>ERNEST L. MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>May 30 1880</u>	9. AGE (In years last birthday) <u>71</u>	UNDER 1 YEAR	UNDER 12 HRS.
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Randolph Co Mo, USA</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>George Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Hannie Marshall</u>	13c. NAME OF HUSBAND OR WIFE <u>Hannie Martin</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Martin</u>	ADDRESS <u>Dashland Mo</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis -</u>		
	DUE TO (c)		
	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 type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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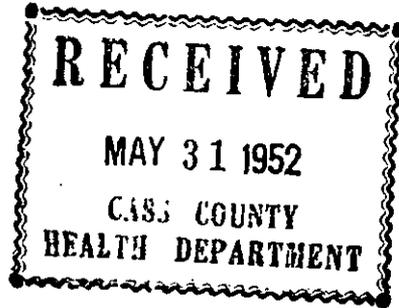
22. I hereby certify that I attended the deceased from 5-25, 1952, to May 26, 1952, that I last saw the deceased alive on 5-25, 1952, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Woods J. J. J.</u> (Degree or title)	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>5-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 31-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 29, 1952</u>	REGISTRAR'S SIGNATURE <u>Rora Barward</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. ...</u>	ADDRESS <u>Harrisonville Mo</u>
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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 James R. Phillips
Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.