

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20952

FILED JUL 14 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5296 Registrar's No. 31

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP Dedoto Rural Valle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dedoto Rural Valle township.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dedoto Rt #2		d. STREET ADDRESS (If rural, give location) 4 mi W of Dedoto Mo. 0500	
3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) ROY c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 1 1950
9. AGE (In years last birthday) 1 yr.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Dedoto Rt. #2
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Roy Martin		13b. MOTHER'S MAIDEN NAME Estelle Taylor	14. NAME OF HUSBAND OR WIFE
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 AND ADDRESS Roy Martin Dedoto Rt. #2
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pancreatic Fibrosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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)	5872
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?	
22. I hereby certify that I attended the deceased from Oct 1, 1950, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 4:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Noel V. Waffenshies 17-D.		23b. ADDRESS Dedoto Mo.	23c. DATE SIGNED June 27, 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 29 1952	24c. NAME OF CEMETERY OR CREMATORY Luskay Cemetery	24d. LOCATION (City, town, or county) (State) Dedoto Rural Valle Mo.
DATE REC'D BY LOCAL REG. 7-5-52	REGISTRAR'S SIGNATURE Marie Harris	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Donnell B. Dettler Dedoto Mo.	

JEFFERSON COUNTY HEALTH DEPT.,
HILLSBORO, MISSOURI
DATE RECEIVED JUL 8 1952

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 *Samuel B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Debate 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.