S. No. 300
V. 10.48

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

FILED AUG 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27157

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Boone 010 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashland R.F.D

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cedar
d. STREET ADDRESS (If rural, give location): Ashland R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First): Norton
b. (Middle): Stuart
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): Aug 12 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10 1895
9. AGE (In years last birthday): 57 — If under 1 year: Months 3, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sterling Martin
13b. MOTHER'S MAIDEN NAME: Jessie Roberts
14. NAME OF HUSBAND OR WIFE: Alice Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Alice Martin — ADDRESS: Ashland Mo

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) Coronary Occlussion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) following angina Pectoris — 9 Mos
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 ☐ 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* 12 Aug, 1952, *to* 12 Aug, 1952, *that I last saw the deceased alive on* 12 Aug, 1952, *and that death occurred at* 2:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry R. Hall (Degree or title) MD
23b. ADDRESS: Ashland Mo
23c. DATE SIGNED: 12 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 13 1952
24c. NAME OF CEMETERY OR CREMATORY: New Salem Cemt
24d. LOCATION (City, town, or county) (State): Ashland Mo.

DATE REC'D BY LOCAL REG.: Aug 12 1952
REGISTRAR'S SIGNATURE: Mrs Mildred Burnett
By W.C.B Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Wm C. Burnett — ADDRESS: Ashland Mo
(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1 [illegible]

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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.