

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27530**

FILED SEP 12 1952

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **225**

264
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 227 Lafayette St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) Sept 7, 1952	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 3, 1871	9. AGE (In years last birthday) 81	10. MONTH 1	11. DAYS 4	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Highway Emp.		10b. KIND OF BUSINESS OR INDUSTRY Mo. State Highway		11. BIRTHPLACE (State or foreign country) Audrain Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Martin		13b. MOTHER'S MAIDEN NAME Eliabeth McDonald		14. NAME OF HUSBAND OR WIFE Sally Martin	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Kaiser		ADDRESS Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		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)					
		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: 443X				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)	
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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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept 2, 1952** to **Sept 7, 1952**, that I last saw the deceased alive on **Sept 7, 1952** and that death occurred at **12 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Crean Dwyer M.D.		(Degree or title)		23b. ADDRESS Jefferson City		23c. DATE SIGNED 9-9-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 9, 1952		24c. NAME OF CEMETERY OR CRAMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
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DATE REC'D BY LOCAL REG. Sept 10, 1952		REGISTRAR'S SIGNATURE R. P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher		ADDRESS Jefferson City, Mo.	
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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 *Richard B. Burrell Jr*

Licensed Embalmer No. *3703*

P. O. Address *Jefferson City, 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.