

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27751

State File No. \_\_\_\_\_

770

FILED AUG 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY GREENE 0396 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (in this place) 3 DAYS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE 1640 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" PONCE DE LEON d. STREET ADDRESS (If rural, give location) STAR ROUTE, HIGHLANDVILLE	
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3. NAME OF DECEASED (Type or Print) a. (First) GERALD b. (Middle) - c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 17 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 6 - 1939	9. AGE (In years last birthday) 13	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) U HIGHLANDVILLE - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROY MARTIN	13b. MOTHER'S MAIDEN NAME GRACE FLOOD	14. NAME OF HUSBAND OR WIFE NONE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME DONALD MARTIN ADDRESS RT. #1, Box 388 SPRINGFIELD, 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		INTERVAL BETWEEN ONSET AND DEATH 8 day 5 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polio myelitis, Polio encephalitis		
	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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) m.	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 Aug 15, 1952, to Aug 17, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Edgon L. Clayton M.D. (Degree or title)	23b. ADDRESS 300 Med. Arts Bldg.	23c. DATE SIGNED 8-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 21-1952	24c. NAME OF CEMETERY OR CREMATORY FLOOD CEMETERY	24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI
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DATE REC'D BY LOCAL REG. 8-22-52	REGISTRAR'S SIGNATURE Edith Williamson Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.