

FILED OCT. 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34098

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 352

2013

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

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ADDAIN</b>	
b. CITY OR TOWN <b>KIRKSVILLE</b>	c. LENGTH OF STAY (In this place) <b>20 DA</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RUSH HILLS MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSTEOPATHIC CLINIC</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>EDWIN C MARTENS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 23 52</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR 30-1914</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OROPS</b>		11. BIRTHPLACE (State or foreign country) <b>ADDAIN Co, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>CHAS MARTENS</b>	13b. MOTHER'S MAIDEN NAME <b>NETTIE MARTEN</b>	14. NAME OF HUSBAND OR WIFE <b>LEOLA MARTENS</b>
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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) <b>YES WW II</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. E.C. MARTENS</b>	ADDRESS <b>RUSH HILLS MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>3 weeks</b> <b>known</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Uremia</b>		
	DUE TO (c) <b>Multiple Myeloma</b>		
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 <b>203X</b>	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)
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 **10-3**, 1952, to **10-23**, 1952, that I last saw the deceased alive on **10-23**, 1952, and that death occurred at **3:47 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. T. Gutersohn D.O.</b>	23b. ADDRESS <b>Hicksville Mo</b>	23c. DATE SIGNED <b>10-23-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-25-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn Mem Park</b>
DATE REC'D BY LOCAL REG. <b>10-24-52</b>	REGISTRAR'S SIGNATURE <b>Wate Lambert</b>	24d. LOCATION (City, town, or county) (State) <b>ADDAIN Co MO</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>CHAS ARNO</b>		ADDRESS <b>12 MEXICO, MO</b>

NOV 1 - 1957

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Hubbards, 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.