

FILED DEC 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37564**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>187</u>	
1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. LENGTH OF STAY (in this place) <b>9 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		<b>0043</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>509 West Robinson</b>				d. STREET ADDRESS (If rural, give location) <b>509 West Robinson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James S</b>		b. (Middle) <b>S.</b>		c. (Last) <b>MARTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 29, 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 19, 1865</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months Days		IF UNDER 6 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Crops</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Callaway Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James David Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ann Hall</b>		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) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Carl Wilson</b>		ADDRESS <b>Mexico, Missouri</b>	
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) <b>Chronic hepatitis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592x</b>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1952</u> , to <u>Nov. 29, 1952</u> , that I last saw the deceased alive on <u>Nov. 29, 1952</u> , and that death occurred at <u>11:22 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. W. Shuman</b>				(Degree or title) <b>MD</b>		23b. ADDRESS <b>Medico Ind</b>	
23c. DATE SIGNED <b>12-1-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-1-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Callaway Co., Mo.</b>		DATE REC'D BY LOCAL REG. <b>Dec-1-1952</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cleo Arnold</b>	
				ADDRESS <b>Wichita, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Clara Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Mexico 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.