

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41902

State File No. ....

0330  
JAN 6 1952  
5661  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>100</u>	PRIMARY REG. DIST. NO. <u>5390</u>	Registrar's No. <u>103</u>
1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Springcreek</u>		c. LENGTH OF STAY (In this place) <u>yr's</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek</u> <u>0330</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x</u>		d. STREET ADDRESS (If rural, give location) <u>rural route 2</u> <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u>		b. (Middle) <u>-</u>		c. (Last) <u>Martin</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12/13/52</u>		5. SEX <u>male</u> 6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11/1/99</u>		9. AGE (In years; last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Frank M Martin</u>		
13b. MOTHER'S MAIDEN NAME <u>Lucy Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Yitti Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Yitti Martin</u> ADDRESS <u>Salem Mo rt 2</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac ute Renal Failure with Hy pertensive cardio-valvular disease.</u> ANTECEDENT CAUSES <u>Due to (b) Chr. nephritis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 yrs.</u>		19a. DATE OF OPERATION _____		
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>592X</u>		
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 <u>10-17-52</u> , 19 <u>52</u> , to <u>12-13-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-13-52</u> , 19 <u>52</u> , and that death occurred at <u>3:40P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Name or title) <u>Joseph R. Burnett DO</u>		23b. ADDRESS <u>Salem, Missouri</u>		23c. DATE SIGNED <u>12/15/52</u>
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spence</u> ADDRESS <u>Salem Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-16-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr</u> <u>93-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spence</u> ADDRESS <u>Salem Mo</u>

FEB 2 1964

**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 \_\_\_\_\_

*Carl H. Spencer*

Licensed Embalmer No. *370*

P. O. Address *Salem 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.