

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44333**

FILED DEC 16 1952

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp.		c. LENGTH OF STAY (in this place) 3-1-9	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller	
		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) Earl		b. (Middle) -	
		c. (Last) Martin	
4. DATE OF DEATH (Month) (Day) (Year) 12-6-1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-?-1889
9. AGE (In years last birthday) 63.		10. MONTHS 3.	11. YEARS 3.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Lawrence County Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME R.N. Martin		13b. MOTHER'S MAIDEN NAME Hessie Morrison	
14. NAME OF HUSBAND OR WIFE None			
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 Arthur Martin Miller		ADDRESS Mo	
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) Cerebral Hemorrhage	
		INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
21f. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
22. I hereby certify that I attended the deceased from 10-15-1947 , to 12-6-1952 , that I last saw the deceased alive on 12-6-1952 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J.A. Binnick M.D.		23b. ADDRESS State Hospital #3.	
		23c. DATE SIGNED 12-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 8-1952	
24c. NAME OF CEMETERY OR CREMATORY Miller Mo. Cem.		24d. LOCATION (City, town, or county) (State) Miller Mo.	
DATE REC'D BY LOCAL REG. 12-13-52		REGISTRAR'S SIGNATURE Anna E. Ferry	
25. FUNERAL DIRECTOR'S SIGNATURE W. W. Fussett		ADDRESS Wt. Tenn.	

(Licensed Embalmer's Statement on Reverse Side)

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

080
2

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. O. Fassett

Licensed Embalmer No. 2501

P. O. Address Mt. Vernon, W. Va.

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.