

FILED FEB 1 1953

STANDARD CERTIFICATE OF DEATH

932

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>402 Elm St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 Elm St.</u>		d. STREET ADDRESS (If rural, give location) <u>402 Elm St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 1953</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>7-1-1878</u>
9. AGE (In years last birthday) <u>74</u>		Months <u>6</u> Days <u>21</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>	11. BIRTHPLACE (State or foreign country) <u>Vienna, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Oliver Martin</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Dillon</u>		14. NAME OF HUSBAND OR WIFE <u>Mary 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>487-14-2316</u>	17. INFORMANT'S SIGNATURE OR NAME-- ADDRESS <u>Mrs. Mary Martin Washington Mo.</u>
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) <u>Bronchopneumonia, acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis of aorta & peripheral of left heart & coronary arteries</u> DUE TO (c) <u>Arteriosclerosis</u> 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 <u>451X</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/7</u> , 19 <u>52</u> , to <u>1/22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/22</u> , 19 <u>53</u> , and that death occurred at <u>11:10</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. MacFarland, M.D.</u>		23b. ADDRESS <u>Washington Mo.</u>	
23c. DATE SIGNED <u>1/24/53</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1953</u>		REGISTRAR'S SIGNATURE <u>F. J. Hedron</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. W. F. H. by W. D. Huberink</u>		ADDRESS <u>Washington Mo.</u>	

(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 *Paul Willenbrink*

Licensed Embalmer No. 4511

P. O. Address Washington, Missouri

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.