

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18529**

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>165</u>		PRIMARY REG. DIST. NO. <u>5602</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHILHOWEE</u>		c. LENGTH OF STAY (in this place) <u>29 YR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHILHOWEE TWP</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD. CENTERVIEW MO</u>				d. STREET ADDRESS (If rural, give location) <u>RFD CENTERVIEW MO 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WARDEN</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>MARTIN</u>			4. DATE (Month) (Day) (Year) OF DEATH <u>JUNE 4 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 (Month) (Day) (Year) <u>SEPT 23 1899</u>		
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OSGOOD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>HENRY CLAY MARTIN</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA TUNNELL</u>			14. NAME OF HUSBAND OR WIFE <u>MARY ETTA 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>494-12-8830</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Etta Martin</u> ADDRESS <u>Centerview 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>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Endocarditis</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (m.)		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>March 1, 1953</u> , to <u>June 4, 1953</u> , that I last saw the deceased alive on <u>June 4, 1953</u> , and that death occurred at <u>12:30pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. W. Morland</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Holden, Mo.</u>		23c. DATE SIGNED <u>6-6-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 7 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HOLDEN MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>June 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Mamie O. Harker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CANADAY & POPP</u> ADDRESS <u>HOLDEN MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 10 1958
JOHNSON COUNTY HEALTH DEPT.

JUN 16 1958

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

W. J. Cradley

Licensed Embalmer No. *3424*

P. O. Address *Holden 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.