No. 300
10.48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32282

BIRTH NO. FILED OCT 13 1953 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 95

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

**1. PLACE OF DEATH**
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Goodloe Rest Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
d. STREET ADDRESS (If rural, give location): 419 Highland

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**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Martin

**4. DATE OF DEATH** (Month) (Day) (Year): September 1, 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married
**8. DATE OF BIRTH**: April 25, 1882
**9. AGE** (In years last birthday): 71 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Coal Miner
**10b. KIND OF BUSINESS OR INDUSTRY**: employee
**11. BIRTHPLACE** (State or foreign country): Lexington, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Louis Martin
**13b. MOTHER'S MAIDEN NAME**: Ellan Miller
**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): Not Known
**16. SOCIAL SECURITY NO.**: Not Known
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Goodloe Rest Home, Lexington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* March, 1950, *to* Sept 1, 1953 *that I last saw the deceased alive on* Aug 25, 1953, *and that death occurred at* 11:A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. R. Oppenbrink MD
**23b. ADDRESS**: Higginsville Mo
**23c. DATE SIGNED**: Sept 3-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept. 2, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: County Farm
**24d. LOCATION** (City, town, or county) (State): Lexington, Missouri.

**DATE REC'D BY LOCAL REG.**: 10-4-53
**REGISTRAR'S SIGNATURE**: Minnie E. Eastwood 156-
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Louis H. Temple, Lexington, Missouri

(Licensed Embalmer's Statement on Reverse Side)

## 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.

Signed Geo. M. Lean

Signed.....
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Lexington Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.