S. No. 300
Rev. 10.48

0280
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35432

FILED NOV 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 23-1953

1. PLACE OF DEATH
a. COUNTY: CRAWFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-BENTON TWP.
c. LENGTH OF STAY (in this place): 1½ YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI - b. COUNTY: CRAWFORD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHERRYVILLE 0280
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WASHINGTON b. (Middle): — c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): OCT. 21-1953.

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: FEB. 29-1860
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 7 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): CRAWFORD Co., MISSOURI.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: DABNEY MARTIN
13b. MOTHER'S MAIDEN NAME: RACHAEL REEVES
14. NAME OF HUSBAND OR WIFE: TELITHA MARTIN

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 ADDRESS: ROY EARLS - STEELVILLE, MISSOURI.

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): Mitral Regurgitation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation 410 X
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* Jan 7, 1953, *to* Oct 21, 1953, *that I last saw the deceased alive on* Oct. 21, 1953 *and that death occurred at* 9:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr G. G. A. Herzogrod
23b. ADDRESS: Cuba, Mo
23c. DATE SIGNED: Oct 24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-23-1953
24c. NAME OF CEMETERY OR CREMATORY: FREEMAN CEMETERY
24d. LOCATION (City, town, or county) (State): CRAWFORD Co., MISSOURI.

DATE REC'D BY LOCAL REG.: NOV 5 1953
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas S. Halbert - STEELVILLE, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas L. Hebert

Licensed Embalmer No. 4332

P. O. Address Steelville 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.