

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42393**

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **4136** Registrar's No. **50**

0250

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

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) Plattsburg		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Plattsburg		d. STREET ADDRESS (If rural, give location) 308 clay
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 clay					
3. NAME OF DECEASED a. (First) John b. (Middle) Stipe c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 25 1899		9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months 10 Days 19 IF UNDER 24 HRS. Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY 500-22-1337	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DAVID R. MARTIN		13b. MOTHER'S MAIDEN NAME ANNA Belle Stipe		14. NAME OF HUSBAND OR WIFE EVA FAY MARTIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. X 500-22-1337	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EVA MARTIN Plattsburg 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic Heart Disease	ANTECEDENT CAUSES				10-12 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) acute Myocardial infarct				1-2 hours
	DUE TO (c) acute myocardial failure				
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			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 NOV. 12, 1953 , to DEC. 14, 1953 , that I last saw the deceased alive on DEC. 14, 1953 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John P. Mabey, M.D.			23b. ADDRESS Plattsburg		23c. DATE SIGNED 12-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 16-1953	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN		24d. LOCATION (City, town, or county) (State) Plattsburg MO	
DATE REC'D BY LOCAL REG. Dec 20, 1953	REGISTRAR'S SIGNATURE Elizabeth Lee arce		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Lyon Plattsburg, MO.		

REC 2 2 1953

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 Daniel R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.