

FILED JAN 5 1954

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

State File No. 4000

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5945		Registrar's No. 74	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - N. Willow		c. LENGTH OF STAY (in this place) 5 da		c. CITY OR TOWN Charleston		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home				e. STREET ADDRESS (If rural, give location) 0673			
3. NAME OF DECEASED (Type or Print) a. (First) Michael		b. (Middle) J.		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) Single		8. DATE OF BIRTH Dec. 19, 1877	
9. AGE (in years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Scott Co. - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Clemmon Martin			13b. MOTHER'S MAIDEN NAME Do. Rob Know			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home - St James 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparent Natural Causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) found away during sleep 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				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) 7955 (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3a m., from the causes and on the date stated above.							
23. SIGNATURE S. L. Newell - Registrar				23b. ADDRESS Roller Mo.		23c. DATE SIGNED 12/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-17-53		24c. NAME OF CEMETERY OR CREMATORY Charleston Cemetery		24d. LOCATION (City, town, or county) (State) Oran, Mo.	
DATE REC'D BY LOCAL REG. 12-30-1953		REGISTRAR'S SIGNATURE Ruth P. Powell 477		25. FUNERAL DIRECTOR'S SIGNATURE Oral E. Liebster - St James Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

0810
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County Health Officer,
County File Number _____
Date Filed 1-4-53

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 me, Student Embalmer No. _____, working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oree E. Lickliker

Licensed Embalmer No. 354

P. O. Address St James

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.