

FILED JAN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44877

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 6112A		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfelt		c. LENGTH OF STAY (in this place) 44 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fornfelt 1000			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Charley			a. (First) Martin			c. (Last) _____	
4. DATE OF DEATH Nov. 20, 1953		b. (Middle) _____		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 15, 1878		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car inspector		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Charleston, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Martin		13b. MOTHER'S MAIDEN NAME Don't know		14. NAME OF HUSBAND OR WIFE Cynthia Browner Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-14-9082		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milford Martin Cape Girardeau, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis Hypertension 5/20 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 5/20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1/20 , 19 53 , to 11/20 , 19 53 , that I last saw the deceased alive on 1/20 , 19 53 , and that death occurred at 2 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Whiting M				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 11/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Commerce Twp. Missouri	
DATE REC'D BY LOCAL REG. 12/23/53		REGISTRAR'S SIGNATURE M. Gray		300-2 Whiting Hoff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Whiting Hoff Funeral Home Illmo, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 12-24-53
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 6253-274

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.....

Oliver Plummer

Licensed Embalmer No. 4470

P. O. Address Elmo, 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.