

STANDARD CERTIFICATE OF DEATH

4554

State File No.

 FILED MAR 15 1954
 BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 239-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>ASH GROVE</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE # 2</u> 0 390 1					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u>			b. (Middle) <u>BRECKENRIDGE</u>		c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6 23 1876</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>STANFORD KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN MARTIN</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN KINLEY</u>			14. NAME OF HUSBAND OR WIFE <u>GERTIE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GERTIE MARTIN</u>		ADDRESS <u>ASH GROVE, MO</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Alcohol</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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) (Min.)		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 <u>Feb 2, 1954</u> to <u>July 2, 1954</u> , that I last saw the deceased alive on <u>July 25, 1954</u> , and that death occurred at <u>6:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. H. DeWitt</u>				23b. ADDRESS <u>Burge Hospital Springfield Mo 2-29-54</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oak Grove - Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-10-54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brown & Daniel Oak Grove, Mo</u>				

(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. 502 working under my personal supervision..

Student Francis C. Marsh
Signature of Student Embalmer

Signed Day/2 Daniel
Licensed Embalmer No. 4702

P. O. Address Adh. Grov.

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.