

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9471

FILED APR 5 1954

BIRTH NO. REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4347 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Middletown</u>		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 (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) <u>070.07</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 31 1954</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>23 Nov 1874</u>		9. AGE (In years last birthday) <u>79</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 4 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>Self Agri.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Paul, Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> <u>Montgomery</u>			
13a. FATHER'S NAME <u>John G. Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wentler</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Christine Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rose Martin, Middletown, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Mar 30-31st 1954</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-Vascular-Renal condition</u> DUE TO (c) <u>Senility</u>					
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 <u>4201</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>Mar 31, 1954</u> , to <u>Mar 31, 1954</u> , that I last saw the deceased alive on <u>Mar 31, 1954</u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H. R. Titus J. D.O.</u>				23b. ADDRESS <u>Middletown, Mo.</u>		23c. DATE SIGNED <u>Apr. 1, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri Mo</u>			
DATE REC'D BY LOCAL REG. <u>April 2-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Zoe Chapman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Carter</u>		ADDRESS <u>Boylston Green, 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. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John W Butler*.....
Licensed Embalmer No. *44*.....

P. O. Address *Bowling Green*.....

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.