

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9614**

FILED MAR 16 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chafford	
b. CITY OR TOWN Rolla	c. LENGTH OF STAY (in this place) 4 1/2 yrs	c. CITY OR TOWN Cuba	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 McFarland Nursing home		e. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Herbert c. (Last) MARTYN			4. DATE OF DEATH (Month) (Day) (Year) 3-5-1954		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 28 1864	9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Months 8 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Champaign Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas P. Martyn	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND WIFE Gritton Kathryn Clute Deard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Virginia Duntar River miles, 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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH yro(?)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

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 **past several years**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:01 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Feind M.D. (Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 3-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE mar 7, 1954	24c. NAME OF CEMETERY OR CREMATORY U. P. Cemetery
24d. LOCATION (City, town, or county) (State) Cuba MO.		

DATE REC'D BY LOCAL REG. Mar 8, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoeck	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman C. Haener Cuba Missouri
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Date Filed

15/107

MAR 17 1953

MAR 2 9 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..... Signature of Student Embalmer

Signed..... Herman G. Hoener

Licensed Embalmer No. 162

P. O. Address..... Cuba, Me.

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.