

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16519

State File No.

FILED MAY 18 1954

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5654 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Lincoln T.</u>		c. CITY OR TOWN <u>Miller, Mo. RFD</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, RFD MILLER</u>		STREET ADDRESS (If rural, give location) <u>Rural- Lincoln Twp.</u> 0550	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>7</u> (Year) <u>54</u>
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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>1880</u>	9. AGE (In years, not birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auto-business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo Miller, RFE</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nute Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Hassie Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Nye Martin.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ira Martin Miller,</u>	ADDRESS <u>Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Unknown.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) <u>153X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Dec. 1, 1953, to Jan. 7, 1954, that I last saw the deceased alive on Jan. 5, 1954, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold George M.D.</u> (Degree or title)	23b. ADDRESS <u>##### Mt. Vernon, Mo</u>	23c. DATE SIGNED <u>1 12 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cash Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-12-54</u>	REGISTRAR'S SIGNATURE <u>W. S. Bussey</u> 158-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Fossell, Mt. Vernon, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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 Jan. 7 - 1954 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lee Fossett.....

Licensed Embalmer No. 22.....

P. O. Address Mf. bes.....

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.