

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16780

State File No.

FILED MAY 17 1954 REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 3879 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY OSAGE	
b. CITY OR TOWN RURAL - Benton	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Chamois	0760
d. FULL NAME OF HOSPITAL OR INSTITUTION In Ambulance on Highway #89		d. STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) Gustus	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year)	MAY 10-1954
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 23-1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction SUPERVISER	10b. KIND OF BUSINESS OR INDUSTRY Corp. of Engineers	11. BIRTHPLACE (State or foreign country) CARTHAGE, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Will Martin	13b. MOTHER'S MAIDEN NAME Unknown-Kilgore	14. NAME OF HUSBAND OR WIFE Ida Sharp Martin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-20-5810	17. INFORMANT'S SIGNATURE OR NAME Walter Martin - Chamois Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		10 yrs.
	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 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **4-24-54**, to **4-27-54**, that I last saw the deceased alive on **4-27-54**, and that death occurred at **6:45 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. B. Farnsworth - D.O.	23b. ADDRESS Chamois Mo.	23c. DATE SIGNED 5-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 13 May 54	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Chamois Mo.
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DATE REC'D BY LOCAL REG. 5-12-54	REGISTRAR'S SIGNATURE Anna Moran	FUNERAL DIRECTOR'S SIGNATURE Stanley E. Nye	ADDRESS Chamois Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

MAY 21 1931

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chamais, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.