

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17842
Registrar's No. 112

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (In this place) 6 WKS	c. CITY OR TOWN MEXICO
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 607 N. MISSOURI		00430	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) FRANKLIN c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) JULY 6-1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 16-78	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - A.P. GREEN FIREBRICK		10b. KIND OF BUSINESS OR INDUSTRY TUSCUMBIA - MO		11. BIRTHPLACE (City and State or Foreign Country) USA.	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME WM. MARTIN		13b. MOTHER'S MAIDEN NAME C. DEGRAFFENHEID	

14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW #1		16. SOCIAL SECURITY NO. 491-05-6255A		17. INFORMANT'S SIGNATURE OR NAME MRS. TEMPE ROBERTS - CENTRALIA, MO		ADDRESS _____	
-----------------------------------	--	---	--	---	--	---	--	---------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic degenerative myocarditis						5 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart failure							
		DUE TO (c) _____						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic of gall bladder	

19a. DATE OF OPERATION 7-9-54		19b. MAJOR FINDINGS OF OPERATION Chronic of gall bladder				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from **6-6**, 1954, to **7-6**, 1954, that I last saw the deceased alive on **7-2-54**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Larry J. O'Brien M.D.		23b. ADDRESS W. W. W. W.		23c. DATE SIGNED 7-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-9-54		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	
				24d. LOCATION (City, town, or county) (State) MEXICO - MO	

DATE REC'D BY LOCAL REG. July 8-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ARNOLD FUNERAL HOME		ADDRESS MEXICO, MO	
---	--	--	--	---	--	---------------------------	--

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

JUL 30 1954

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 *Richard Y. McDonald*

Licensed Embalmer No... *482*

P. O. Address... *Melrose*

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.