

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19924

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>PHELPS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PHELPS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, MILLER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL, MILLER</b>	
c. LENGTH OF STAY (in this place) <b>54 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL, ROLLA, MISSOURI.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HARRY</b>	b. (Middle)	c. (Last) <b>MARTIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 21, 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 9, 1899</b>	9. AGE (In years last birthday) <b>54</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 HRS. Hours	# UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED POSTMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US MAIL MAN</b>		11. BIRTHPLACE (State or foreign country) <b>ROLLA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>WILLIAM MARTIN</b>	13b. MOTHER'S MAIDEN NAME <b>ANN PREWITT</b>	14. NAME OF HUSBAND OR WIFE <b>SOPHIE MARTIN (WIFE)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SOPHIE MARTIN, ROLLA, MISSOURI</b>	ADDRESS <b>ROLLA, MISSOURI</b>
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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, asphyxia, 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><i>Ca Lung</i></u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>163x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 June 21, 1954 to 1940, 19\_\_\_\_, that I last saw the deceased alive on 5:30 6/21/54, and that death occurred at 2:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u><i>H. H. ...</i></u>	(Degree or title)	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 24, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ROLLA, CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ROLLA, MISSOURI.</b>
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DATE REC'D BY LOCAL REG. <u>June 22 1954</u>	REGISTRAR'S SIGNATURE <u><i>Nadine L. Stoll</i></u>	380 25. FUNERAL DIRECTOR'S SIGNATURE <u><i>Holloway</i></u>	ADDRESS <u>ROLLA, MISSOURI.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

H. H. Davis  
Rensselaer Building

County File Number .....  
Date Filed ..... JUN 29 1954

JUN 21 1954

AUG 4 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 .....

Student Embalmer

Signed *Bill Shackelford*

Licensed Embalmer No. *H 859*

P. O. Address *Rallo, N.Y.*

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