No. 300
10-48

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31026

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 480

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2301 JOPLIN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2301 JOPLIN ST.

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3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle):
c. (Last): MCMARTIN

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 22, 1954

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 7, 1882
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED- FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): DUNLAP, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ARCHIBALD MCINTYRE MCMARTIN
13b. MOTHER'S MAIDEN NAME: HARRIETT SMITH
14. NAME OF HUSBAND OR WIFE: MRS. OLLIE MCMARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNK
16. SOCIAL SECURITY NO.: 500-05-6653
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS OLLIE MCMARTIN, 2301 JOPLIN ST.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.A. of stomach with metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 3 years

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.

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19a. DATE OF OPERATION: June 18, 1954
19b. MAJOR FINDINGS OF OPERATION: Operated Ellis Fischel State Cancer Hosp. Laporatory Metastasis adenocarcinoma. Primary-stomach.
20. AUTOPSY? YES [ ] NO [X]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12-, 1954, *to* 9-22-, 1954, *that I last saw the deceased alive on* 8-22-54, 19__, *and that death occurred at* 4:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lloyd Mitchell M.D.
23b. ADDRESS: 607 Frisco Bldg. Joplin, Mo.
23c. DATE SIGNED: 9-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 9-26-54
24c. NAME OF CEMETERY OR CREMATORY: VICTORIA CEMETERY
24d. LOCATION (City, town, or county) (State): MASSENA, IOWA

DATE REC'D BY LOCAL REG.: 9-24-54
REGISTRAR'S SIGNATURE: Ed S. James by Dolores Lampkins DR 138-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1954

RECEIVED SEP 27 1954
Jasper County Health Office
County File Number 54-9-82
Date Filed SEP 27 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Parker

Licensed Embalmer No. 493

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.