

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31287**

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **43**

0690

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) PARIS		c. LENGTH OF STAY (In this place) 12 YEAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION SEMINARY ST.		c. CITY (If outside corporate limits, write RURAL and give township) PARIS 2690	
		d. STREET ADDRESS (If rural, give location) SEMINARY ST.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CLARK c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) SEPT 30 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 4, 1866	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 87 10 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK STATE	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME CLARK HENRY MARTIN	13b. MOTHER'S MAIDEN NAME HARRIETT A. HICKS	14. NAME OF HUSBAND OR WIFE 2
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME W. C. MARTIN	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Cardiac Degeneration		
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 443 X	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)	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 **9-27**, 1954, to **9-30**, 1954, that I last saw the deceased alive on **9-30**, 1954, and that death occurred at **12 Noon**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Martin	(Degree or title) D. O. 2	23b. ADDRESS PARIS, Mo.	23c. DATE SIGNED 10-1-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10-1-54	24c. NAME OF CEMETERY OR CREMATORY LODA CEMETERY	24d. LOCATION (City, town, or county) (State) LODA, ILL.
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DATE REC'D BY LOCAL REG. 10-1-54	REGISTRAR'S SIGNATURE J. A. Sarnett, R.D. Speed & Blakey	25. FUNERAL DIRECTOR'S SIGNATURE _____	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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 E. H. Agnew.....

Licensed Embalmer No. 4000.....

P. O. Address PARIS, MISSOURI.....

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.