

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36741

State File No. ....

 BIRTH NO. 85952-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>9 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>221 BLACK AVE. 1001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 1, 1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>MARTIN</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
5. SEX <u>MALE</u>		8. DATE OF BIRTH <u>12-1-1954</u>	
6. COLOR OR RACE <u>WHITE</u>		9. AGE (in years last birthday) <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, MISSOURI</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD K. MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN INA McCULLEY</u>	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD K. MARTIN</u> ADDRESS <u>CHAFFEE, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>  ANTECEDENT CAUSES <u>Atelectasis</u> Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. <u>Prematurity</u> DUE TO (b) <u>11</u> DUE TO (c) <u>city</u>  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 <u>7025</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:12 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul E. Beatty, M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>12/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-2-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. EDWARDS CEMETERY</u>		24d. LOCATION (City, town, or county) <u>DATCHTOWN, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-54</u>		REGISTRAR'S SIGNATURE <u>44-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>L.C. Bisplinghoff</u>		ADDRESS <u>Chaffee, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Jack I. Burnett  
Licensed Embalmer No. 4473

P. O. Address C. Raffe, Mo.

**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.