

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3571**

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 60921 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Grand Pass Mo.		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 year		f. STREET ADDRESS (If rural, give location) 0170 North of Waverly	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home of son-3 mi. N. Grand Pass			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) M.	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) 2 11 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27, 1871
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Dallas County, Missouri	12. CITIZENRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mike Martin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Leoda Moore Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Martin Waverly, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severely ANTECEDENT CAUSES DUE TO (b) Chronic Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO Bronchial Pneumonia II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4222	
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?	
22. I hereby certify that I attended the deceased from <u>2/3</u> , 19 <u>54</u> , to <u>2/11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/11</u> , 19 <u>54</u> and that death occurred at <u>10:15</u> a. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS Waverly	23c. DATE SIGNED 2/11/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/1954	24c. NAME OF CEMETERY OR CREMATORY Hope Well Cemetery	24d. LOCATION (City, town, or county) (State) Tunas, Missouri
DATE REC'D BY LOCAL REG. 2-13-55	REGISTRAR'S SIGNATURE Cecil A. Reed	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 385- Deputy Bailey Funeral Home - Idar	

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

970
1

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..... *Frederic R. Bailey*.....

Licensed Embalmer No. *480*

P. O. Address *Idaho*

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.