

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3692

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>7</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>1 yr 1 mo 23 da</u>		c. CITY OR TOWN <u>Clinton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State Hosp No 3 NEVADA</u>				STREET ADDRESS (If rural, give location) <u>R.F.D. No 5 0420</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 30-1955</u>			
5. SEX <u>MO</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-21-94</u>			
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wabersham, Henry Co Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Wm. H. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Howard</u>		14. NAME OF HUSBAND OR WIFE <u>John F Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. (If yes, give var or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>records state Dept 3, Nevada Mo</u>				ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arterio-Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Surgical Neck rt Humerus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 yrs</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in Dept</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Twp Vernon Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 17 5:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped and fell on floor</u>					
22. I hereby certify that I attended the deceased from <u>Dec 8, 1952</u> , to <u>Jan 30, 1955</u> , that I last saw the deceased alive on <u>Jan 30, 1955</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Sublinter Daggott M.D.</u>				23b. ADDRESS <u>State Hosp No 3, Nevada Mo</u>				23c. DATE SIGNED <u>Jan 31-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-31-55</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Dunning</u>		ADDRESS <u>Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 16 1955

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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 *Robert L. Dunning*.....

Licensed Embalmer No. *47*.....

P. O. Address *Clinch*.....

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.