No. 300
10.48

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16059

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 223

660 1

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olean
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Olean at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Olean 0660
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Jan. 4, 1874
9. AGE (In years last birthday): 81 — 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: Farm
11. BIRTHPLACE (State or foreign country): Illinois /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Schultz Martine
13b. MOTHER'S MAIDEN NAME: Almeda Bennet
14. NAME OF HUSBAND OR WIFE: Laura Martine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Laura Martine Olean, Mo.

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): Coronary heart disease c occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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 _____, 1952 to May 23, 1955, that I last saw the deceased alive on May 18, 1955, and that death occurred at 10 am m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. O'Shelton O.M.D.
23b. ADDRESS: Eldon Mo
23c. DATE SIGNED: May 24 '55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25/55
24c. NAME OF CEMETERY OR CREMATORY: Olean
24d. LOCATION (City, town, or county) (State): Olean Mo.

DATE REC'D BY LOCAL REG.: May 24, 55
REGISTRAR'S SIGNATURE: Alverretta Walt 192
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Louis D. Phillips Eldon, Mo

(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 embalmed by me, or by .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ernest L. Young

Licensed Embalmer No. 4785

P. O. Address Eldon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.