

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34082**

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) Charleston		c. CITY (If outside corporate limits, write RURAL and give township) Charleston	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) 307 Heggie St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 Heggie St.		0672 0	

3. NAME OF DECEASED (Type or Print) Henry		a. (First)		b. (Middle)		c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Oct. 28, 1955	
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1905		9. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Unk.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE	
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. 722-18-8230		17. INFORMANT'S SIGNATURE OR NAME Odell Watkins	
				ADDRESS 610 W. Marshall, Charleston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Instantly	
		ANTECEDENT CAUSES DUE TO (b) Aneurysm			
		DUE TO (c) Blood clot on Cerebellum			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 330x			

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)	
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 attended as copert. from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Shelby (Degree or title) C coroner 3		23b. ADDRESS East Prairie, Mo.		23c. DATE SIGNED 10-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 30, 1955		24c. NAME OF CEMETERY OR CREMATORY Local	
		24d. LOCATION (City, town, or county) Sheffield		(State) Alabama	

DATE REC'D BY LOCAL REG. 10/31/55		REGISTRAR'S SIGNATURE Jean Hednes		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	
		480-0		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed NOV 12 1955

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.