

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34488

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>			c. LENGTH OF STAY (in this place) <u>26 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>			d. STREET ADDRESS (If rural, give location) <u>103 South B Street</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre, Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>103 South B Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Frank</u> c. (Last) <u>Martin</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>11/1/1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/22/1888</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section Worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie Shearon Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Shearon Martin</u> ADDRESS <u>Bonne Terre</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>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>less than one hour.</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 11, 1955</u> to <u>Oct. 22, 1955</u> , that I last saw the deceased alive on <u>October 22, 1955</u> , and that death occurred at <u>approx. 8:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Bonne Terre, Missouri</u>		23c. DATE SIGNED <u>11-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 2, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1955

DEC 6 1955

MAR 19 1956

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 *Ewert Sparks*

Licensed Embalmer No. *4287*

P. O. Address *Donne Lee*

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

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