

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41675**

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Richmond		c. CITY OR TOWN Richmond	
c. LENGTH OF STAY (in this place) 60 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 West Buchanan Street		e. STREET ADDRESS (If rural, give location) 209 West Buchanan Street	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) C. c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) December 26, 1955		
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5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 15, 1876		9. AGE (In years last birthday) 79 Months 3 Days 11 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Farming			11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George A. Martin		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Deborah Hattie Jones (Davis) Martin		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. none		17. INFORMANT'S SIGNATURE OR NAME Ms. Hattie Martin, Richmond, Miss. ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arterio sclerosis				UNKNOWN	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3 3/4					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 from **Nov. 20, 1949**, to **Dec. 26, 1955**, that I last saw the deceased alive on **Dec. 26, 1955**, and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. W. Johnson M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 12/28/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE December 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Brookway Grove		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
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DATE REC'D BY LOCAL REG. Dec 30 - 1955		REGISTRAR'S SIGNATURE Mabel Jackson 273-0		25. FUNERAL DIRECTOR'S SIGNATURE QUEST-LIFE FUNERAL HOME ADDRESS RICHMOND, MISSOURI	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *George P. Hyle*.....

Licensed Embalmer No. 4064

P. O. Address *Richmond*.....

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.