

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3674**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>YRS</b>	c. CITY OR TOWN <b>Kirksville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>516-S-FLORENCE</b>		STREET ADDRESS (If rural, give location) <b>516-S-FLORENCE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>TRAVIS</b> b. (Middle) <b>C.</b> c. (Last) <b>MARTIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Jan. 18, 1874</b>
9. AGE (In years last birthday) <b>82</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Ret. Laundry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Potsdam, Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Travis W. Martin</b>	
13b. MOTHER'S MAIDEN NAME <b>Katherine Mikel</b>		14. NAME OF HUSBAND OR WIFE <b>Mary (Dunham) Martin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. T. C. Martin, 516-S-Florence, Kirksville</b>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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 <b>8-1</b> , 19 <b>55</b> , to <b>3-2</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-2</b> , 19 <b>56</b> , and that death occurred at <b>7:25 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. L. Martin, D.O.</b>		23b. ADDRESS <b>Kirksville, Mo. 32-50</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-2-56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Brashear Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Brashear, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-7-56</b>		REGISTRAR'S SIGNATURE <b>Walter Lambert</b>	
25. FEDERAL DIRECTOR'S SIGNATURE <b>Doris &amp; Doris, Kirksville, Mo.</b>		ADDRESS _____	

(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.....  
Signature of Student Embalmer

Signed.....  
*Robert B. Davis*

Licensed Embalmer No. *421*

P. O. Address *Kirkville*

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.