

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5721

State File No.

BIRTH NO. REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>New Madrid</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parma</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parma</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>Martin</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 6 1882</u>	9. AGE (In years last birthday) <u>73</u>	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) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Spencer County Ind;</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Tom Martin</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>In National Guard-1916</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norvel Cameron Parma mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		DUPLICATE OF (a)		
ANTECEDENT CAUSES		DUPLICATE OF (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c)		
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE OF (d)		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/3, 1955, to Feb 27, 1956, that I last saw the deceased alive on 3/27, 1956, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Geo. W. Thisted M.D.</u>	23b. ADDRESS <u>Parma, Mo.</u>	23c. DATE SIGNED <u>3/1/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Parma Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/1/56</u>	REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Thisted M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Service</u>	ADDRESS <u>Parma Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 7 1956
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Marshall W. Atkins.....

Licensed Embalmer No. 4717.....

P. O. Address Dexter mo.....

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.