

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7807**

FILED FEB 27 1956

BIRTH NO. 12437-56 REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Laney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>1060</u>	
b. CITY OR TOWN <u>Branson</u>		c. CITY OR TOWN <u>1060</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>18</u> (Year) <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>Feb. 18-1932</u>	9. AGE (In years last birthday) <u>24</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>12</u> IF UNDER 24 HRS: Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign County) <u>Shalena Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>John Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Ruelle Yocum</u>	14. NAME OF HUSBAND OR WIFE <u>John Martin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Martin</u> ADDRESS <u>Shell Knob Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</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.		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	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) (Min.)	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 2-18, 1956, to 2-18, 1956, that I last saw the deceased alive on 2-18, 1956, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Magner M.D.</u>	23b. ADDRESS <u>Branson, Mo</u>	23c. DATE SIGNED <u>2/19/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shell Knob Mo</u>
DATE REC'D BY LOCAL REG. <u>2/23/56</u>	REGISTRAR'S SIGNATURE <u>Heleen Campbell</u> 574	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mo - Funeral Director</u>	

WRITE PLAINLY—USING BLACK INK—NAME & EXAMINER REQUIRED

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.