

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9859

State File No.

FILED MAR 21 1956

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u>	
c. LENGTH OF STAY (In this place) <u>15 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>307 HEGGIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 HEGGIE</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLIE</u>	a. (First)	b. (Middle)	c. (Last) <u>MARTIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 5 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NOT KNOWN</u>	8. DATE OF BIRTH <u>MARCH 18 1902</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABOR</u>	11. BIRTHPLACE (State or foreign country) <u>GEORGIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>W. M. MARTIN</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA ANN MARTIN</u>	14. NAME OF HUSBAND OR WIFE <u>NOT KNOWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Bennett</u>	ADDRESS <u>307 Heggie St</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		
	DUE TO (c)		
II. 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	<u>4201</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Medical attendance, 1956, to 3/7/56, 1956, that I last saw the deceased alive on 3/7/56, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Jean Shelby</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>East Prairie, Mo.</u>	23c. DATE SIGNED <u>3-7-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>3/7/56</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>CAIRO, ALEXANDER ILL.</u>
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DATE REC'D BY LOCAL REG. <u>3/8/56</u>	REGISTRAR'S SIGNATURE <u>Jean Shelby</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G.D. Donaldson</u>	ADDRESS <u>624 W. Marshall Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1956
MAR 20 1956

RECEIVED
Miss. Co. Health Dept
County File No. W-10
Date Filed MAR 16 1956

MAY 8 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

Carlitos J. Donaldson

Licensed Embalmer No. 4925 (4935)

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.