

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28817

FILED SEP 6 1956

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 7494 Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis, Mo. Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ELVINS - 2940 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Alexander Last Martin			4. DATE OF DEATH Month August Day 10 Year 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 24 - 1885
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dent Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Martin	
14. MOTHER'S MAIDEN NAME Elizabeth Mullins		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Jesse Beck Elvins, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Vascular Collapse O.K. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Delirium Tremens DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fracture of left hip			INTERVAL BETWEEN ONSET AND DEATH 12 hrs. Yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall at home		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION 307 x F		COUNTY STATE	
21. I attended the deceased from Aug. 8, 1956 to Aug. 10, 1956 and last saw her/him alive on Aug. 10, 1956 Death occurred at 9:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. Demillion M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 8/11/56		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 8-12-56		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) Flat River, Mo.		24. FUNERAL DIRECTOR ADDRESS Caldwell, Flat River, Mo.	
25. DATE RECD. BY LOCAL REG. AUG 13 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. <i>S.P.</i>	

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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 *Francis J. Highland* _____

Licensed Embalmer No. *45*

P. O. Address *Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.