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 casually related., Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30131

Registration District No. 65 Primary Registration District No. 5250 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brunswick Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b 19 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN Brunswick 210 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 8 Miles north of town (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Agusta Middle Edward M Last artin
4. DATE OF DEATH Month Sept. Day 19th. Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 7-1883
9. AGE (In years last birthday) 73
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmwork
11. BIRTHPLACE (City and state or country) Brunswick, Missouri
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME B. F. Martin
14. MOTHER'S MAIDEN NAME Catherine Dearing
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Morey Crisman Address Brunswick, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteria Sclerotic Heart disease — 2 yrs
DUE TO (c) Hypertension — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from September 17 to September 19-56 and last saw him alive on 19 Sept 56
Death occurred at 8:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Grover C Rees (Degree or title) M.D.
22b. ADDRESS Brunswick Mo
22c. DATE SIGNED Sept 25-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-21-1956
23c. NAME OF CEMETERY OR CREMATORY Hazel Ridge
23d. LOCATION (City, town, or county) Brunswick (State) Missouri.
24. FUNERAL DIRECTOR L. W. Head ADDRESS Brunswick
25. DATE RECD. BY LOCAL REG. 9-26-56
26. REGISTRAR'S SIGNATURE Mildred Brame

(Licensed Embalmer's Statement on Reverse Side)

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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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L W Neesil

Licensed Embalmer No. 823

P. O. Address Brunsw

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