

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31584

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Pemscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemscot</u>	
b. CITY OR TOWN <u>Hazti</u>		c. CITY OR TOWN <u>Braggadocio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemscot Memorial</u>		e. STREET ADDRESS <u>0180</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John W. T.</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-20-1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widower</u>	8. DATE OF BIRTH <u>Jan-26-1893</u>
9. AGE (In years, last birthday) <u>63</u>		10. MONTHS <u>7</u> HOURS <u>24</u> MIN.	
10a. USUAL OCCUPATION (Only kind of work done during part of year, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Melba, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Thomas Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hall</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Earl M. Coffey</u> ADDRESS <u>Braggadocio</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation + failure -</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) <u>Interstitial myocarditis</u> 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>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Hazti Pemscot Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Sept 20, 1956</u> , to <u>Sept 30, 1956</u> , that I last saw the deceased alive on <u>Sept 20, 1956</u> and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>O. W. Cook</u> (Degree of title) <u>M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>	
23c. DATE SIGNED <u>9-25-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 23, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Dean</u> ADDRESS <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-29-56</u>		REGISTRAR'S SIGNATURE <u>John H. Leman</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

406

10-264-56

OCT 3 - 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

OCT 3 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.....  
Signature of Student Embalmer

Signed *Ned C. Dean*.....

Licensed Embalmer No. *394*.....

P. O. Address *Caruthersville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.