

FILED OCT 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34618**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Lexington		c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Lexington
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital		STREET ADDRESS (If rural, give location) Myrick Road 0540	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES	b. (Middle) EMORY	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 26, 1886	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 8 Months 10 Days	IF UNDER 24 HRS. 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Not Known	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Minnie P. Cuera Martin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. mm	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Martin	ADDRESS Lexington, Mo.
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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* (a) Pneumonia rt side		INTERVAL BETWEEN ONSET AND DEATH 3 days
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.			

19a. DATE OF OPERATION 10/1/56	19b. MAJOR FINDINGS OF OPERATION Gastric Carcinoma	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) Lexington Mo
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 **Oct. 3, 1956**, to **Oct. 6, 1956**, that I last saw the deceased alive on **Oct. 6, 1956** and that death occurred at **7:00p m.**, from the causes and on the date stated above.

23a. SIGNATURE Joe W. Ward (Degree or title) 8	23b. ADDRESS Lexington Mo	23c. DATE SIGNED 10-8-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	24d. LOCATION (City, town, or county) (State) Lexington, Missouri
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DATE REC'D BY LOCAL REG. 10-6-56	REGISTRAR'S SIGNATURE Mrs. M. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Joseph J. ...	ADDRESS Lexington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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NOV 14 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 *Norman W. Thorsen*.....

Licensed Embalmer No. *488*.....

P. O. Address *Leopold, Wis.*.....

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.