

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36722**

FILED NOV 9 - 1956

170

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi			
b. CITY OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 6 Days		c. CITY OR TOWN East Prairie		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) Samuel		b. (Middle) Preston		c. (Last) Martin	
4. DATE OF DEATH		(Month) 10		(Day) 28		(Year) 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-12-1877	
9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY General Medicine		11. BIRTHPLACE (City and State or Foreign Country) East Prairie, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel P. Martin		13b. MOTHER'S MAIDEN NAME Mary Long		14. NAME OF HUSBAND OR WIFE Lucy Simmons			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy Martin, East Prairie, Mo.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous				6 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adeno carcinoma Prostate				2 yrs.	
		DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Polydipsia, R.					
19a. DATE OF OPERATION 1954		19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma Prostate.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 22 56		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 10/22, 1956, to 10/28, 1956 , that I last saw the deceased alive on 10/28, 1956 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE William J. Seymour, M.D.				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 10/31/56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-30-56		24c. NAME OF CEMETERY OR CREMATORY W. O. W.		24d. LOCATION (City, town, or county) (State) East Prairie, Mo.	
DATE REC'D BY LOCAL REG. 11-5-56		REGISTRAR'S SIGNATURE Miss Oella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Travis Shelby Jr. East Prairie, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 5 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-233

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 Lewis Shelby Jr.

Licensed Embalmer No. 494

P. O. Address East...

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.