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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1956

State File No. **39004**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **210**

1. PLACE OF DEATH
a. COUNTY **Phelps**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Phelps**

b. CITY OR TOWN **Rolla** c. LENGTH OF STAY (in this place) **7 hrs.**

c. CITY OR TOWN **St. James** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Phelps Co. Memorial Hosp.**

STREET ADDRESS (If rural, give location) **RT. 3, 0810**

3. NAME OF DECEASED
a. (First) **FRED** b. (Middle) **J.** c. (Last) **MARTIN**

4. DATE OF DEATH **November 15, 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug. 31, 1877**

9. AGE (In years last birthday) **79** 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) **Ret. Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and State or Foreign Country) **East St. Louis, Ill.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Martin Martin**

13b. MOTHER'S MAIDEN NAME **Rosine Vallon**

14. NAME OF HUSBAND OR WIFE **Julia Martin**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **No None**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Julia Martin Rt. 3, St. James, Mo.**

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.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **arteriosclerosis**
DUE TO (c)
2. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Diabetes**

INTERVAL BETWEEN ONSET AND DEATH
20 min
years
6 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4201**

20. AUTOPSY? YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 15, 1956**, to **Nov 15, 1956**, that I last saw the deceased alive on **Nov 15, 1956**, and that death occurred at **11:55 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R. F. Ambrose, M.D.**

23b. ADDRESS **9213 W 8th Rolla Mo**

23c. DATE SIGNED **11/16/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11-19-56**

24c. NAME OF CEMETERY OR CREMATORY **Rolla**

24d. LOCATION (City, town, or county) (State) **Rolla, Mo.**

DATE REC'D BY LOCAL REG. **Nov 16, 1956**

REGISTRAR'S SIGNATURE **Nadine L. Stoll**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Cal J. Glenn 1100 Elm, Rolla, Mo.**

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

80

RECEIVED

Phelps County Health Officer,

County File Number 573

Date Filed NOV 20 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Carl J. Glenn
.....

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.