

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42315

State File No.

 PR-5MC Copy
 FILED DEC 31 1956

BIRTH NO.		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Demarest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>			
b. CITY OR TOWN <u>Caruthville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Caruthville</u>		d. 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				e. STREET ADDRESS (If rural, give location) <u>608 Cotton ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>S.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-14-1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug-27-1887</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John M. Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Holloway</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>429-10-1036</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vera Martin</u> ADDRESS <u>Caruthville Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH 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		19b. MAJOR FINDINGS OF OPERATION					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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>9/1</u> , 19 <u>56</u> , to <u>12/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12/14</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William P. McCoy M.D.</u>				23b. ADDRESS <u>Caruthville Mo.</u>		23c. DATE SIGNED <u>12/20/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Demarest</u>		24b. DATE <u>12-16-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 22, 1956</u>		REGISTRAR'S SIGNATURE <u>Tressie B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wol C Dean</u> ADDRESS <u>Caruthville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2470

12-335-56

DEC 28 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SA
JUL 26 1957
[JUN 11 1957]

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 *Noel C. Deane*.....

Licensed Embalmer No. *3941*.....

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.