

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44463

FILED DEC 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 186

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>East Prairie Mo.</u>		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 <u>Missouri Delt com. Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>East Prairie Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel Preston Martin</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28-56</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12-1877</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>East Prairie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Preston Martin Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Larue Long</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Martin</u> ADDRESS <u>East Prairie Mo.</u>		
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinomatosis</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
19a. DATE OF OPERATION <u>10-22-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>36</u>		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) _____	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>10-22</u> , 19 <u>56</u> , to <u>10-28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>56</u> , and that death occurred at <u>4:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wilson J. Arguiman</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>217 S. Kingshighway Sikeston, Missouri</u>		23c. DATE SIGNED <u>11-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-5-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby Jr.</u> ADDRESS <u>Travis Shelby Jr., East Prairie Mo.</u>		

DATE RECEIVED DEC 10 1956

SCOTT CO. HEALTH DEPT.  
*received 1 in Nov.*  
CO. FILE No. 1156-233

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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 *Travis Shelby Jr.*.....

Licensed Embalmer No. *4914*

P. O. Address *East Brainerd*

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.