

FILED JAN 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 3479

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

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY OR TOWN Nevada		c. LENGTH OF STAY in this place (Specify townships) 31 Days		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 1/2 Mi. West. St. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Charlie		b. (Middle) Irvin		c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1 Sept. 1889 67	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) Lake Township Vernon Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George W. Martin		13b. MOTHER'S MAIDEN NAME Lou Godfrey		14. NAME OF HUSBAND OR WIFE Minnie M. Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Young or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491 12 4115		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie M. Martin R.R.1 Nevada, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with auricular fibrillation ANTECEDENT CAUSES left bundle branch block, Class IV DUE TO (b) unknown Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH unknown	
		II. OTHER SIGNIFICANT CONDITIONS Pneumonia with interlobar effusion, lt. 5wk Conditions contributing to the death but not related to the disease or condition causing death. Fractured radius, left				11 da	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 4 200F YES <input type="checkbox"/> NO <input checked="" 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 11/15, 1956 , to 1/10, 1957 , that I last saw the deceased alive on 1/10, 1957 , and that death occurred at 8:25 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE James P. Paece MD				23b. ADDRESS Nevada Mo.		23c. DATE SIGNED 1/11/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 14 Jan.		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Pk.		24d. LOCATION (City, town, or county) (State) Nevada, Missouri.	
DATE REC'D BY LOCAL REG. 1-18-1957		REGISTRAR'S SIGNATURE Anna E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard L. Shorten Nevada, Mo.			

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APR 30 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 *Lloyd C. McCall*

Licensed Embalmer No. 4853

P. O. Address *Florida, M.*

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.