

FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9366  
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5775 Registrar's No. 24

|  |                               |   |  |   |  |  |  |  |  |
|--|-------------------------------|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MACON</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> |  |  |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Hudson</u>  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                 |  | c. CITY OR TOWN <u>Shelbina</u>   |  | 1020<br>0<br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Still-Hildreth</u>  |                               |   | Length of stay in 1b<br><u>9 hr. 30 min.</u>   |   | d. STREET ADDRESS (If outside, give location)                      |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Irvin</u> Last <u>Martin</u>   |                               |   |  | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>3</u> Year <u>57</u>  |  |  |  |  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>                |  | 8. DATE OF BIRTH<br><u>Sept 23rd 1902</u>   |  | 9. AGE (In years last birthday)<br><u>54</u>   |  | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>10</u> Hours <u>0</u> Min. <u>0</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Painting</u>   |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Painter</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Ralls Co. Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                              |  |  |
| 13. FATHER'S NAME<br><u>Albert Martin</u>  |                               |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Sarah Lafferty</u>   |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                               | 16. SOCIAL SECURITY NO.<br><u>585-94-69</u>   |  | 17. INFORMANT<br><u>Ray Martin</u>  |  | Address<br><u>Shelbina Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>acute circulatory failure</u><br>DUE TO (b) <u>Coronary Thrombosis with myocardial infarction</u><br>DUE TO (c) <u>arteriosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>4201</u> |                               |   |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u>        </u> Month, Day, Year<br>a. m. <u>        </u> p. m. <u>        </u>  |                               |   |  |   |  |  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY   |  | STATE  |  |
| 21. I attended the deceased from <u>3/2/57</u> to <u>3/3/57</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>3/2/57</u><br>Death occurred at <u>6:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |   |  |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Nancy S. Still D.O.</u>   |                               |   |  | 22b. ADDRESS<br><u>MACON, Mo.</u>   |  |  |  | 22c. DATE SIGNED<br><u>3/3/57</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                               | 23b. DATE<br><u>3-5-1957</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Marys</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Shelbina, Missouri</u>                     |  | (State)  |  |
| 24. FUNERAL DIRECTOR<br><u>Barkelley &amp; Davis</u>   |                               |   |  | ADDRESS<br><u>Shelbina Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>3/3/57</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth McNeely</u>                               |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1-56

County File No. .... 3-57-287  
Date Filed ..... 3-19-57

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 *James D. Devo*

Licensed Embalmer No. *441*

P. O. Address *Shelburne*

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.