Health, & Welfare
Public
h Service

S. 300
v. 1-56

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13926
STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 5755 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) His Home Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Vienna, Mo. 0630 0 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Jackson Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle Irven Last Martin
4. DATE OF DEATH Month Day Year April 5, 1957.
5. SEX 0 Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 13, 1877.
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 79 Days 5 IF UNDER 24 HRS. Hours 22 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) 0 Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William Martin
14. MOTHER'S MAIDEN NAME Ann Carnes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT George Martin Address Vienna, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Gangrene of right foot 4501
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 7:15
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1950, to 3/30/1957 and last saw her/him alive on 3/17/57
Death occurred at 7:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Moore, Do. 2
22b. ADDRESS Argyle, Mo.
22c. DATE SIGNED 4/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/7/57
23c. NAME OF CEMETERY OR CREMATORY Vienna Cematery
23d. LOCATION (City, town, or county) (State) Vienna, Mo.

24. FUNERAL DIRECTOR ADDRESS Vienna, Mo.
25. DATE RECD. BY LOCAL REG. 4-10-57
26. REGISTRAR'S SIGNATURE Pauline Howard

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W C Birmingham

Licensed Embalmer No. 366

P. O. Address Vienna

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.