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RN 14607 FILED JUL 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 23712

Registration District No. 93 Primary Registration District No. 3007 Registrar's No. 442

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA Hospital — Length of stay in 1b: 2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ripley
c. CITY OR TOWN: Fairdealing — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: FRANK Middle: NONE Last: MARTIN

4. DATE OF DEATH Month Day Year: July 7, 1957

5. SEX: male **6. COLOR OR RACE:** white **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** 10/1/82 **9. AGE** (In years last birthday): 74 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** Farming **11. BIRTHPLACE** (City and state or country): Elk Rapids, Mich **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Martin **14. MOTHER'S MAIDEN NAME:** Elizabeth Jacoway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI **16. SOCIAL SECURITY NO.:** Unknown **17. INFORMANT** Address: VA Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Uremia due to arteriolar nephrosclerosis 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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

20d. INJURY OCCURRED WHILE AT WORK VA ☐ 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 July 5, 1957, to July 7, 1957 and last saw him alive on
Death occurred at 2:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. D. TURNER, M.D., Actg.Chf, Med Sv., **22b. ADDRESS:** VAH, POPLAR BLUFF, MO. **22c. DATE SIGNED:** 7/8/57

23a. BURIAL, CREMATION, REMOVAL (Specify): B **23b. DATE:** 7/9/57 **23c. NAME OF CEMETERY OR CREMATORY:** CITY **23d. LOCATION** (City, town, or county) (State): POPLAR BLUFF, MO

24. FUNERAL DIRECTOR: Frank Carell **ADDRESS:** Poplar Bluff, Mo **25. DATE RECD. BY LOCAL REG.:** 7/13/57 **26. REGISTRAR'S SIGNATURE:** [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Part I. No symptoms will be accepted. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
JUL 15 1957
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Charles E. Mingle

Licensed Embalmer No. 4

P. O. Address Poplar Bl

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