

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-191427
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6069 Registrar's No. 208

JUN 10 1958

S. 300
1-57

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iron | | c. CITY OR TOWN Iron | |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> # 0940 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. north of Middlebrook | | d. STREET ADDRESS 1 mi. north of Middlebrook | |
| Length of stay in 1b 55 yrs | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CHARLES MAUGUST MARTIN | | | 4. DATE OF DEATH Month Day Year May 28 1958 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept 10 1881 |
| 9. AGE (In years (birthday)) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 11. BIRTHPLACE (City and state or country) Quaker Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME James Martin | | 13b. MOTHER'S MAIDEN NAME Mary Agnes Ivy | 14. NAME OF HUSBAND OR WIFE Martha Martin |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | 17. INFORMANT Address Martha Martin, Ironton Mo. Rt. # 1 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure | | | INTERVAL BETWEEN ONSET AND DEATH 10 min |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary thrombosis | | | 1 WK |
| DUE TO (c) Arteriosclerosis | | | 4201 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |
| 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 Hour a.m. Month, Day, Year p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 5-7-57 to 5-28-58 and last saw her alive on 5-24-58 Death occurred at 2.30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) R. A. Handigant, D.O. 2 | | 22b. ADDRESS Bismarck, Missouri | 22c. DATE SIGNED 5-31-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 5-31-58 | 23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cemetery | 23d. LOCATION (City, town, or county) (State) Middlebrook Mo. |
| 24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. | | 25. DATE RECD. BY LOCAL REG. May 31, 1958 | 26. REGISTRAR'S SIGNATURE Ether Rudloff |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 1 1958

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 *Russell White*

Licensed Embalmer No. *3017*

P. O. Address *Orvinton, Mo.*

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.