

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022626
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 23

300
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN East Prairie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East Prairie	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie		Length of stay in lb 87 Yrs.		d. STREET ADDRESS 067 North Martin	
3. NAME OF DECEASED (Type or print) First Middle Last Albert Johnson Martin			4. DATE OF DEATH Month Day Year July 3, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-5-1870	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) East Prairie, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Samuel P. Martin		13b. MOTHER'S MAIDEN NAME Mary Long	
14. NAME OF HUSBAND OR WIFE Annie Millar Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. L. C. Watson, East Prairie, Mo.		18. CAUSE OF DEATH (Enter only one cause as primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 3 Min. 4201	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) No medical attendance		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Gertrude G. Harper (Degree or title)		22b. ADDRESS Local Registrar, East Prairie, Mo.		22c. DATE SIGNED 7-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-6-58		23c. NAME OF CEMETERY OR CREMATORY W. O. W. Cemetery	
23d. LOCATION (City, town, or county) East Prairie, Missouri		24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 7-8-58	
26. REGISTRAR'S SIGNATURE Gertrude G. Harper					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

doctor, coroner, or nurse who only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 5 1958

RECEIVED
Miss. Co. Health Dept.
County File No. _____
Date Filed: 7-14-58

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 Maris Shelby
Licensed Embalmer No. 275
P. O. Address East Point

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.