

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010353

STATE FILE NUMBER

ED APR 8 1959 Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pascola Twp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti, 0780
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural		Length of stay in 1b 8 yrs	d. STREET ADDRESS (If outside, give location) Gen. Del
3. NAME OF DECEASED (Type or print) First Frank Middle MARTIN Last MARTIN		4. DATE OF DEATH Month 3 Day 24 Year 59	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1911
9a. AGE (In years last birthday) 47		9b. UNDER 1 YEAR Months 7 Days 17	IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Adkin, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME Fritz Martin	
13b. MOTHER'S MAIDEN NAME Satela Smith		14. NAME OF HUSBAND OR WIFE Evelyn 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.	17. INFORMANT Address Evelyn Martin, Gen. Del. Hayti, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pt. Upper Lobe Pneumonia DUE TO (b) cardio-renal disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X			INTERVAL BETWEEN ONSET AND DEATH 7 1/2 1 yr -
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.)	20f. CITY, TOWN, OR LOCATION MO. Hayti, Missouri	COUNTY _____ STATE _____
21. I attended the deceased from 3-18-59 to 3-24-59 and last saw ^{her} _{him} alive on 3-29-59 Death occurred at 3-24-59 9:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Adeline		22b. ADDRESS MO. Hayti, Missouri	
22c. DATE SIGNED 3-25-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-29-59	23c. NAME OF CEMETERY OR CREMATORY Home Town Cemetery	23d. LOCATION (City, town, or county) (State) Wardell, Missouri
24. FUNERAL DIRECTOR John W. German, Hayti, Missouri		25. DATE RECD. BY LOCAL REG. 3-29-59	26. REGISTRAR'S SIGNATURE Valeria Stephan

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.

APR 8 1951

MAY 8 1951

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayte, 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.