No. 300
10.48

FILED VS SEP 17 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-033140
State File No.

BIRTH NO. REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 238

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Madrid, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 2Mi S. Sikeston Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Ark.
b. COUNTY: Miss
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blytheville, Ark.
d. STREET ADDRESS (If rural, give location): 833 N. Franklin 8030

3. NAME OF DECEASED (Type or Print): a. (First) Buster b. (Middle) Lee c. (Last) Martin
4. DATE OF DEATH (Month) (Day) (Year): Sept. 2 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4-21-1918
9. AGE (In years last birthday): 40 | If under 1 year: Months 3 Days 11 | If under 1 day: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Work
10b. KIND OF BUSINESS OR INDUSTRY: SawMill
11. BIRTHPLACE (City and State or Foreign Country): Bernie Mo.
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME: Victor Martin
13b. MOTHER'S MAIDEN NAME: Allie Davis
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW# 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Allie Martin ADDRESS: Blytheville Ark.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severed Femoral Artery — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Right Leg
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 9123

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 11
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Saw Mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Madrid, Mo. 072
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 2-59 10:30 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Belt on Sawmill broke

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Lid Hedgpeth (Degree or title) Coroner
23b. ADDRESS: New Madrid, Mo
23c. DATE SIGNED: 9/8-59

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-8-1959
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Blytheville Ark.

DATE REC'D BY LOCAL REG.: 9-8-59
REGISTRAR'S SIGNATURE: Fay Hedgpeth
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Blytheville Ark. Cobb Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1959

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 .....
Student Embalmer

Signed J B Stovall

Licensed Embalmer No. 3140

P. O. Address B. Cyrtheria

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.