

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS FEB 8 1960

-60-000836

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 8 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STEELVILLE</u>		Length of stay in 1b <u>12 YRS.</u>	c. CITY OR TOWN <u>STEELVILLE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LEMUEL WASHINGTON MARTIN</u>			4. DATE OF DEATH Month Day Year <u>JAN. 29 - 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-22-1880</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (City and state or country) <u>BRAZIL, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM J. MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY WILKINSON</u>	
14. NAME OF HUSBAND OR WIFE <u>ZOLE MARTIN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-14-2092</u>	
17. INFORMANT <u>CARENCE TURNER - STEELVILLE, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>ZOLE MARTIN</u> Address _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		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. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <u>321-59</u>		COUNTY <u>STEELVILLE Mo.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>3-21-59</u> to <u>1-29-60</u> and last saw him alive on <u>1-28-60</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Chas. Bannum M.D.</u>		22b. ADDRESS <u>Steelville Mo.</u>	
22c. DATE SIGNED <u>2-5-60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>1-31-1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SHARL CREEK CEMETERY</u>		23d. LOCATION (City, town, or county) <u>CRAWFORD Co., Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Thomas & Halbert - STEELVILLE, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/5/60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 11 1960

(STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4337

P. O. Address. Steeleville

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.