

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40930**

422
268

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5507		Registrar's No. 268	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Blue Davis Twp		c. LENGTH OF STAY (in this place) 57 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Blue Davis Twp		d. STREET ADDRESS (If rural, give location) in Lane	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at Home, Near Depot				d. STREET ADDRESS (If rural, give location) in Lane			
3. NAME OF DECEASED a. (First) JOSEPH (Type or Print)			b. (Middle) EDWARD		c. (Last) MARTIN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1949
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 30, 1871	
9. AGE (In years last birthday) 78		If under 1 year: Months 8 Days 12		If under 2 hrs: Hours Min. 		12. CITIZEN OF WHAT COUNTRY? United States	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? United States	
13a. FATHER'S NAME Mark Martin		13b. MOTHER'S MAIDEN NAME Mary Adkison		14. NAME OF HUSBAND OR WIFE Myrtle Lawson Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Martin, La Blue, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 MIN ? 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 7:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh B Walker, MD, Coroner				23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 13 Dec. 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14, 1949		24c. NAME OF CEMETERY OR CREMATORY La Blue Cemetery		24d. LOCATION (City, town, or county) (State) La Blue, Mo.	
DATE REC'D BY LOCAL REG. Dec 14-49		REGISTRAR'S SIGNATURE Florence Adair		FEDERAL DIRECTOR'S SIGNATURE H. J. Tansant		ADDRESS Clinton, Mo.	

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

RECEIVED
District Health Officer No. 7;
District File Number 11-49-1469
Date Filed 12-19-49

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, ~~_____~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. L. Vansant _____

Licensed Embalmer No. 3779 _____

P. O. Address Clinton _____

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