

124 69 0049761

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 334

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST
1. Ernest H. Martin SEX 2. male DATE OF DEATH (MONTH, DAY, YEAR) 3. December 22, 1969

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White AGE—LAST BIRTHDAY (YEARS) 5a. 77 UNDER 1 YEAR 5b. 77 UNDER 1 DAY 5c. 77 DATE OF BIRTH (MONTH, DAY, YEAR) 6. December 9, 1892 COUNTY OF DEATH 7a. Henry

CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. General Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widowed SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.

SOCIAL SECURITY NUMBER 12. 486-05-8535 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Barber (Retired) KIND OF BUSINESS OR INDUSTRY 13b.

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
14a. Mo. 14b. Henry 14c. Windsor 14d. Yes 14e. 204 W. JACKSON

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Matthew martin 16. Mollie Settles

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. James martin 17b. Calhoun, Missouri 65323

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Chronic lymphocytic leukemia
DUE TO, OR AS A CONSEQUENCE OF:
(b) _____
DUE TO, OR AS A CONSEQUENCE OF:
(c) _____

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE (LAST)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
Bronch pneumonia AUTOPSY (YES OR NO) 19a. No IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a. no 20b. _____ 20c. _____ M. 20d. _____

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. YES NO LINK
20e. _____ 20f. _____ 20g. _____

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. ATTENDED THE DECEASED FROM 9-10-63 TO 12-22-69 21b. 12-22-69 21c. 12-22-69 21d. did not 21e. 12:25 AM.

CERTIFIER

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22a. _____ HOUR OF DEATH MONTH DAY YEAR HOUR
22b. _____ M. 22c. _____ M.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)
23a. S. B. HUGHES 23b. S. B. Hughes MD. 23c. 12/27/69

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23d. 106 S. 24th CLINTON, MO 64735

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. Burial 24b. Lourel Oak 24c. Windsor, Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. Dec 24, 1969 24e. Huston-Nadley Funeral Home - Windsor, Mo. 65360

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
25a. Robert Nadley 25b. Mildred Bigum 25c. Dec. 27, 1969

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 0
10a. 77
10b. 01
11. 0
12. 2
13. 2041
14. 4
15. 4
16. 0421
17. 0
18. 0
19. CREDITS
20. 1-0

JAN 7 - 1970

JAN 13 1970

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 Robert H. Kelley

Licensed Embalmer No. 5220

P. O. Address Windsor, 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.

Permit obtained 12-24-69

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