

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9458

State File No.

FILED MAR 29 1954

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4833 Registrar's No.

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Clarksburg	c. LENGTH OF STAY (In this place). Life	c. CITY OR TOWN Clarksburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		e. STREET ADDRESS (If rural, give location) No street numbers	

3. NAME OF DECEASED (Type or Print) a. (First) HUGH b. (Middle) COLE c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) Mar. 17th. 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April, 8th. 1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Moniteau County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John G. Martin		13b. MOTHER'S MAIDEN NAME Wilmina Deacon		14. NAME OF HUSBAND OR WIFE Deceased	
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mingo Foster, Clarksburg, Mo			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion			INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	ANTECEDENT CAUSES DUE TO (b) Chronic Cardiovascular disease			10 years
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture left hip Dec 19 1953			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201 F		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from **Dec 19, 1953**, to **March 17, 1954**, that I last saw the deceased alive on **March 16, 1954**, and that death occurred at **5:16 AM.**, from the causes and on the date stated above. **3-17-54**

23a. SIGNATURE (Degree or title) Edgar A. Hibbs M.D.		23b. ADDRESS Clarksburg	23c. DATE SIGNED 3/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Clarksburg, Mo	
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DATE REC'D BY LOCAL REG. Mar 19, 54	REGISTRAR'S SIGNATURE NHP	202-0	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jewell E. Richards - Sister	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Jewell-E. Richardson*
Licensed Embalmer No. *246*
P. O. Address *Lipton*

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.