

FILED MAR 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4304**

BIRTH NO.		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5280</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medill</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medill</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>E.</u> c. (Last) <u>Martin</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 26, 1864</u>		
9. AGE (In years) last birthday <u>84</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Near Dover Iowa</u>		12. CITY OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Phillip Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Heneritta Wood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Heneritta Martin Medill Mo</u>			
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) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2317</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
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?				
22. I hereby certify that I attended the deceased from <u>Feb 16, 1949</u> , to <u>Feb 22, 1949</u> , that I last saw the deceased alive on <u>Feb 22, 1949</u> , and that death occurred at <u>1:40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Perry S. Barton D.O.</u>				23b. ADDRESS <u>Kahoka, Mo.</u>		23c. DATE SIGNED <u>2-26-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Pauls cemetery near Kahoka Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/5-49</u>		REGISTRAR'S SIGNATURE <u>J.R. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Karle</u>		ADDRESS <u>Kahoka</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 10

District File Number 3-49-43

Date Filed MAR-8-1949

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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 this body is not embalmed, fact should be so stated above.