V.S. No. 300
Rev. 10-48

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12792

0460

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY [redacted] HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WEST PLAINS ROVER RT.
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ROVER RT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI
b. COUNTY HOWELL [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WEST PLAINS ROVER RT. 0460
d. STREET ADDRESS (If rural, give location) ROVER RT. 0

3. NAME OF DECEASED (Type or Print)
a. (First) LORENZO
b. (Middle) CICERO
c. (Last) MARTIN

4. DATE OF DEATH (Month) 2 (Day) 20 (Year) 1950

5. SEX M D
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 2-10-1867
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months 0 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Public Works.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) SUMMERSVILLE MO. D
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk.
14. NAME OF HUSBAND OR WIFE NANCY C. FAGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mr. Tom Martin ADDRESS Winona 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH

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.
4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
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 2:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Blee (Doc) Martin Coroner
23b. ADDRESS 3 S. Hayes Mo
23c. DATE SIGNED 2-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify) X
24b. DATE 2-24-50
24c. NAME OF CEMETERY OR CREMATORY Winona Cemetery
24d. LOCATION (City, town, or county) (State) Winona Mo

DATE REC'D BY LOCAL REG. 4/24/50
REGISTRAR'S SIGNATURE Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE Robertson ADDRESS West Plains Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-1-50
District Health Officer No. 5,
District File Number 5-50261
Date Filed 5-2-50

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 Robert L. Krogo

Licensed Embalmer No. 4547

P. O. Address West Plains, 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.