

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1247

State File No.

FILED JAN 26 1953

BIRTH NO. REG. DIST. NO. 137. PRIMARY REG. DIST. NO. 4214 Registrar's No. 29

| | | | | | |
|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>HENRY</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEEPWATER</u> | | c. LENGTH OF STAY (in this place) <u>5 YRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEEPWATER</u> 04211 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At His Home</u> | | | d. STREET ADDRESS (If rural, give location) | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>WRIGHT</u> c. (Last) <u>MARTIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 22, 1953</u> | | |
| 5. SEX <u>0</u> <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | |
| 8. DATE OF BIRTH <u>AUG. 28, 1875</u> | | 9. AGE (in years last birthday) <u>77</u> | | 10. MONTHS <u>4</u> DAYS <u>24</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MILLER Co. Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>WILL MARTIN</u> | | 13b. MOTHER'S MAIDEN NAME <u>RUBY SETZER</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ella O'Leary Martin</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>NO</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Reba Layman</u> | | 18. ADDRESS <u>Henrir. Dale</u> | | 19. MEDICAL CERTIFICATION | |
| 19. 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis.</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility & Hypertension.</u> 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 | | 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) | | 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>Death upon arrival.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/12</u> , 19 <u>53</u> , and that death occurred at <u>4:12 A.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Dr. C. R. Townsend</u> | | 23b. ADDRESS <u>Deepwater, Mo.</u> | | 23c. DATE SIGNED <u>1-23-53.</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN. 24, 53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Trays Chapel Cem. Montross, Mo.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Mo. REAG</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Tinsant</u> | | 25. ADDRESS <u>Clinton, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan-25-53</u> | | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. ADDRESS <u>Clinton, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed N. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.