

No. 300  
10.48

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43199**  
Registrar's No. **52**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **4545**

1120  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WEBSTER</b>	
b. CITY OR TOWN <b>MARSHFIELD</b>		c. CITY OR TOWN <b>MARSHFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1120 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANDREW</b>	b. (Middle) <b>J.</b>	c. (Last) <b>MARTIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3 1954</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>April 2, 1861</b>
9. AGE (in years last birthday) <b>93</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>TEXAS</b>
12. CITIZEN OF WHAT COUNTRY? <b>ALL</b>		13. FATHER'S NAME <b>JOSEPH MARTIN</b>	

13b. MOTHER'S MAIDEN NAME <b>LUCENDA BEETS</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs CELESTE SAWYER Springfield, Mo</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		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) <b>Arteriolar Nephrosclerosis</b> DUE TO (c) <b>Arteriosclerosis</b>		
	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 <b>446x</b>	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) (Min)	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 **6-15 1954** to **12-3 1954**, that I last saw the deceased alive on **12-13 1954**, and that death occurred at **11:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Blum</b>	23b. ADDRESS <b>Marshfield, Mo</b>	23c. DATE SIGNED <b>12/9/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-6-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WELCH CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>WEBSTER Co., MISSOURI</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barber Funeral Home Marshfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-7-54</b>	REGISTRAR'S SIGNATURE <b>J. Francis 342</b>	

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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 *Lucian J. Shively*.....

Licensed Embalmer No. *4815*.....

P. O. Address *Marquette*.....

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.