

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **12**

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

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MARTIN	b. (Middle) MARTA		c. (Last)	Feb	5, 1956

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 1, 1898		9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marble and tile	10b. KIND OF BUSINESS OR INDUSTRY Marble Co.	11. BIRTHPLACE (City and State or Foreign Country) Italy		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME WORK Domonic Marta	13b. MOTHER'S MAIDEN NAME Mary (Unknown)	14. NAME OF HUSBAND OR WIFE Divorced	
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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 none	16. SOCIAL SECURITY NO. 492-09-8519	17. INFORMANT'S SIGNATURE OR NAME Marian Cavanaugh		ADDRESS Riverside California	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Coronary Heart Disease	ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 ~~10~~, ~~10~~, ~~10~~, to ~~10~~, ~~10~~, ~~10~~, that I last saw the deceased ~~alive on~~, ~~10~~, and that death occurred at **5:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl H. Rice, M.D.	23b. ADDRESS Hillsboro Mo	23c. DATE SIGNED 2/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 11, 56	24c. NAME OF CEMETERY OR CREMATORY Hillsboro Cemetery	24d. LOCATION (City, town, or county) (State) Hillsboro, Mo.	
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DATE REC'D BY LOCAL REG. 2-7-56	REGISTRAR'S SIGNATURE Kathleen Marden 141-n	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home		ADDRESS Imperial, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAR 12 1956

DATE RECEIVED
FEB 23 1956
FEB 13 1956

APR 3 1956

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 *Elmer Halitag*
Licensed Embalmer No. *3571*
P. O. Address *Imperia*

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.