

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14046

FILED MAY - 9 1957

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Stover		c. CITY (If outside corporate limits, write RURAL and give township) Stover	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 3 rd. Oak	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 rd. Oak			

3. NAME OF DECEASED (Type or Print) a. (First) Ben b. (Middle) C. c. (Last) Martens			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 7, 1891		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) 8 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Morgan County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Martens		13b. MOTHER'S MAIDEN NAME Anna Hagedorn		14. NAME OF HUSBAND OR WIFE Anna Martens	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-38-2286		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Martens Stover, Mo.	

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) Coronary Occlusion		DUPLICATE OF (a) Coronary Occlusion			2 mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES (b) Coronary Arteriosclerosis			years	
		III. OTHER SIGNIFICANT CONDITIONS (c) Hypertension, Benign Essential			years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? 2 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 Aug. 1956, to April 29, 1957, that I last saw the deceased alive on April 28, 1957, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE Ray Lyle, M.D. (Degree or title)		23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 5-1-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 2, 1957		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Morgan County, Missouri	
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DATE REC'D BY LOCAL REG. May 4 1957		REGISTRAR'S SIGNATURE Wm. L. Ripberger		5. GENERAL DIRECTOR'S SIGNATURE J. H. Stevenson		ADDRESS Stover, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2120

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 *J. L. Stevinson*

Licensed Embalmer No. 4073

P. O. Address Stover, 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.