

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12547

Registration District No. 792

Primary Registration District No. 6085

Registrar's No.

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Arrow Rock  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 58 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Arrow Rock  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME Mrs. Sallie Martin Case

3. (b) If veteran, name war L

3. (c) Social Security No. 200

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 or 2  
year 1940 hour 5 minute \_\_\_\_\_ a M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. Case

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April (Month) 5 (Day) 1869 (Year)

21. I hereby certify that I attended the deceased from Dec 1938 to March 30, 1940  
that I last saw her alive on March 30, 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	11	26	hr. _____ min.

Immediate cause of death:  
Paralysis (April 18 - 18 mono nerves, given the attack of  
Due to Cerebral Hemorrhage  
Chronic Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

9. Birthplace Slick Rock, Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations L 121

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Joel T. Martin

13. Birthplace Unknown Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Anne Virginia Pedigo

15. Birthplace Unknown, Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.W. Howell

(b) Address Beaumont Kansas

17. (a) Burial (b) Date thereof April 3 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arrow Rock, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director J. Lodie Surrency

(b) Address Marshall, Mo.

19. (a) 4-3 (b) HOP R. Lawless  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature P. L. Lawless (M. D. or other) \_\_\_\_\_  
Address Marshall Date signed 4-2-40

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

MOTHER, FATHER

RECEIVED  
County Health Officer No. 8  
Date Filed 4-11-40  
File Number

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Leslie Sumner  
Licensed Embalmer No. 3235  
P. O. Address Marshall, W. Va.

**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, above space should be left blank.**