

FILED JAN 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40600**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 6612 Registrar's No. 313

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Edina. (Rural) Bee Ridge</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bee Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Three Miles South East</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED a. (First) Francis b. (Middle) Jane c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) Dec-23-1948
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH June-8-1867
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Hysell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blanton</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. E. Martin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pun Brown</u> ADDRESS <u>Edina, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>9213</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myo carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral Stenosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>←</u>	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) <u>Knox</u> <u>MO</u>
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? <u>none</u>
22. I hereby certify that I attended the deceased from <u>12-4, 1948</u> , to <u>12-23, 1948</u> , that I last saw the deceased alive on <u>12-22, 1948</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. S. Dennis D.O.</u>		23b. ADDRESS <u>Bee Ridge Mo</u>	23c. DATE SIGNED <u>12/24/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-26-1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harmony, Knox Co. Missouri</u>	24d. LOCATION (City, town, or county) (State) <u>Knox County</u> <u>MO</u>
DATE REC'D BY LOCAL REG. <u>Dec-26-48</u>	REGISTRAR'S SIGNATURE <u>J. H. A. Dunnet</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Hudson Edina Mo</u>	

52
30

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

RECEIVED

District Health Officer No. 10

District File Number 149.2

Date Filed JAN 3 - 1948

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.

Signed Keith Hudson

Signed _____

Student Embalmer

Licensed Embalmer No. 2715

P. O. Address Edina, Missouri

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.