

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1949

State File No. 11451

BIRTH NO. 49-020635		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4024		Registrar's No. 34	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY Barry		b. CITY (If outside corporate limits, write RURAL and give township) Cassville		c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS Purves Hospital	
a. STATE Missouri		b. COUNTY Barry		c. CITY (If outside corporate limits, write RURAL and give township) Exeter		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED				4. DATE OF DEATH		5. (Month) (Day) (Year)	
a. (First) Martha		b. (Middle) Jane		c. (Last) Martin		April 11, 1949	
6. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 10, 1949		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Carl Martin		13b. MOTHER'S MAIDEN NAME Alma Haddock		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Carl Martin			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hemorrhagic colicosis of New River				Congenital	
ANTECEDENT CAUSES		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 7710				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)		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 Apr. 10, 1949, to Apr. 11, 1949, that I last saw the deceased alive on Apr. 11, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. McDaniel, M.D.				23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 3-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 12		24c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery		24d. LOCATION (City, town, or county) (State) Exeter Missouri	
DATE REC'D BY LOCAL REG. Apr 20-1949		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver		ADDRESS Cassville	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED  
District Health Officer No. 6,  
District File Number 449-504  
Date Filed 4-29-49

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 Paul D. Henbest.....

Licensed Embalmer No. 4576.....

P. O. Address Cassville.....

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.