

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12750**

FILED APR 16 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1384

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) _____ c. (Last) Wakeman			4. DATE OF DEATH (Month) (Day) (Year) March 26 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1888
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Odessa, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Martin		13b. MOTHER'S MAIDEN NAME Hattie Vanatta	14. NAME OF HUSBAND OR WIFE O. W. Wakeman
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. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS O. W. Wakeman Odessa, Missouri
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Acute coronary thrombosis	
		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease with previous coronary thrombosis	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 March 17, 1949 , to March 26, 1949 , that I last saw the deceased alive on March 25, 1949 , and that death occurred at 8:05 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Carl B. Ferris (Degree, or title) _____		23b. ADDRESS 43 Fayette Bldg Kansas City Mo	
23c. DATE SIGNED March 26 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/26/49	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Odessa Missouri
DATE REC'D BY LOCAL REG. 3-26-49	REGISTRAR'S SIGNATURE Heraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman-Sparks Odessa, Missouri	

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

10. Usual occupation: *None*

11. Industry or business: _____

FATHER { 12. Name: *George V. Martin*

13. Birthplace: _____
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name: *Hattie Vanatta*

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: *W. W. Wokosman*

(b) Address: *Odessa, Mo.*

17. (a) *Removal* (b) Date thereof: *March 26, 1949*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Odessa, Mo.*

18. (a) Signature of funeral director: *Herman Sparks*

(b) Address: *Odessa, Mo.*

19. (a) *3-26-49* (b) *Geraldine Holmes*
(Date received local registrar) (Registrar's signature)

(Include pregnancy within 3 months of death)

with Previous Coronary Thrombosis

Major findings:
 Of operations: _____

Of autopsy: _____

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

(c) 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?
(Specify type of place)

While at work? _____ (e) Means of injury: _____

23. Signature: *Carl R. Ferris* (M. D. or other): *MD*

Address: *93 X-ray Bldg* Date signed: *3/26/49*
Kansas City, Mo

Sept
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 *William T. Sparks*

Licensed Embalmer No. *#4431*

P. O. Address *Odessa, W. Va.*

12750
(1949)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.