

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31320

State File No.

FILED SEP 30 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> c. LENGTH OF STAY (If this place) <u>5 24 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beaman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital #2</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Luella</u> b. (Middle) _____ c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-16-1949</u>
5. SEX <u>Female</u> # COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By wife) <u>Married</u>	8. DATE OF BIRTH <u>10 day 1886</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>8</u> Days _____ IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Beaman Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elias Wheeler</u>	13b. MOTHER'S MAIDEN NAME <u>Luella Wheeler</u>	14. NAME OF HUSBAND OR WIFE <u>James Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Martin Beaman 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Aneurysm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4-20</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____	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 <u>July 12, 1947</u> to <u>9-16-49</u> , that I last saw the deceased alive on <u>9-12-49</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A.R. Maddox M.D.</u>		23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>9-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glennwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>9/19/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.D. Ferguson</u>	ADDRESS <u>Sedalia Mo</u>

80
64
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 27

District Health Officer No. 6.

District File Number

Date Filed 9-28-49

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 F. W. Ferguson

Licensed Embalmer No. 2192

P. O. Address Sedalia

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.