

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1275

State File No. _____

177

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mansau City</u>		c. LENGTH OF STAY (in this place) <u>32 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Mansau City</u>		d. STREET ADDRESS (If rural, give location) <u>420 South Drury</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH M.</u> b. (Middle) <u>MARTIN</u> c. (Last) _____			4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>12</u> (Year) <u>1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 27, 1893</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Centralia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Heppert</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Keefel</u>	14. NAME OF HUSBAND OR WIFE <u>Russ N. Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ann E. Bombs R. C. 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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Myocardial De compensation</u> (b) <u>Nephrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>591X</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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Dec 20</u> , 19 <u>49</u> , to <u>Jan 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 11</u> , 19 <u>50</u> , and that death occurred at <u>10:30 a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. E. Heptenstall</u> (Degree or title)			23b. ADDRESS <u>3624 Troost</u>		23c. DATE SIGNED <u>1-12-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan - 14 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Mansau City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-13-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. C. R. Foster 918 Brooklyn</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

John Clark

Licensed Embalmer No. _____

4216

P. O. Address . . .

A. G. Moore

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.

Embalmers