

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3540

BIRTH NO. REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6089 Registrar's No. 5

0470

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

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILTONARD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sweet Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Village of MILTONARD		d. STREET ADDRESS (If rural, give location) North part of town	

3. NAME OF DECEASED (Type or Print) a. (First) MIMIE b. (Middle) EILEEN c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE (1)	
8. DATE OF BIRTH April 11, 1935		9. AGE (in years) (Months) (Days) 15 9 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ELMWOOD TOWNSHIP SALINE MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME GEORGE E. MARTIN		13b. MOTHER'S MAIDEN NAME MAMMIE HURSHMAN		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Geo. E. Martin Sweet Springs Mo ADDRESS Sweet Springs Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Residence burned			
		DUE TO (c) and caught the disease at home.			
		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 197		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accidental		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Miltonard Saline Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 20 1950 6:20		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Home burned	
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22. I hereby certify that I attended the deceased from **Jan 20**, 19**50**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6 9** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Lawrence Pomeroy, Saline Co. and Marshall Mo		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 1-28-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery, near Elmwood, Va. Mo.	
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DATE REC'D BY LOCAL REG. 1/26/50		REGISTRAR'S SIGNATURE Dolly Andrew 293		25. FUNERAL DIRECTOR'S SIGNATURE Edgar J. Mooney ADDRESS Sweet Springs Mo	
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JAN 30

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-31-50

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 Edgar L. Mosely
Licensed Embalmer No. 4711

P. O. Address Sweet Springs Mo.

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.