

FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4165

BIRTH NO. _____		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>123</u>
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 MI. NORTH GRAND PASS, MO. RURAL</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH SIDE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>0970</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>MARTENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 16, 1895</u>	9. AGE (In years last birthday) <u>54</u>
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 <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>CARROLL COUNTY MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LOUIS MOBLEY</u>		
13b. MOTHER'S MAIDEN NAME <u>ANNA LINNEY</u>		14. NAME OF HUSBAND OR WIFE <u>EMIL H. MARTENS</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EMIL H. MARTENS</u> ADDRESS <u>GRAND PASS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/23/50</u> ANTECEDENT CAUSES <u>Chronic Myocarditis?</u> DUE TO (b) <u>3 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4501</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) m.		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>JAN 1, 1948</u> to <u>JAN 23, 1950</u> , that I last saw the deceased alive on <u>Jan 23, 1950</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. F. Santos</u> (Degree or title)		23b. ADDRESS <u>St. Charles Mo</u>		23c. DATE SIGNED <u>1/23/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>JAN 26 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. NEBO</u>	24d. LOCATION (City, town, or county) (State) <u>GRAND PASS, MO</u>
DATE REC'D BY LOCAL REG. <u>1/26/50</u>		REGISTRAR'S SIGNATURE <u>Miss Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> ADDRESS <u>Grand Pass, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8

District Health Officer

Death No. \_\_\_\_\_

File No. 2-23-50

FEB 28 1950

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*E. S. James*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Conradia, Me

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.