

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7740**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 399

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>25 Years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		<b>0117</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>3123 St. Joseph Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>3123 St. Joseph Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b>			b. (Middle) <b>Eugenia</b>		c. (Last) <b>Martin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 25 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 1, 1877</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Buchanan Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>C.Z. Laderoute</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Penigot</b>		14. NAME OF HUSBAND OR WIFE <b>Leon J.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Leon J. Martin</b>			ADDRESS <b>3123 St. Joseph Ave.</b>
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) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Enlargement of heart as cited below</b>					INTERVAL BETWEEN ONSET AND DEATH <b>490</b> <b>410X</b> <b>2490 -</b> <b>6700 -</b>
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) (Minute)		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 <b>6:24</b> , 19 <b>50</b> , to <b>3:24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3/24</b> , 19 <b>50</b> , and that death occurred at <b>6:10P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Frank H. Laderoute MD</b>				23b. ADDRESS <b>670 St. Joseph Mo.</b>		23c. DATE SIGNED <b>3/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-28-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Joseph Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Mar. 31, 1950</b>		REGISTRAR'S SIGNATURE <b>H. C. Jenkins</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Anderson</b>		ADDRESS <b>1802 Union St</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

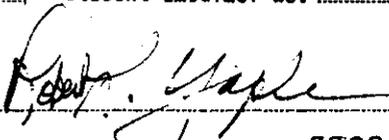
**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....



..... Licensed Embalmer No. 3308

..... P. O. Address St Joseph, Mo.

Signed.....  
Student Embalmer

**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.