

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11834

State File No.

BIRTH NO. 19426-50 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>	
c. LENGTH OF STAY (In this place) <u>12 hrs 10 min</u>		0042	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>County Jail</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FAYLE</u> b. (Middle) <u>LAWES</u> c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>May 4, 1950</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Gilbert Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Louise Davidson</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Davidson</u> ADDRESS <u>Austin, Mexico</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (No. of hrs)	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>			7 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth 6 mo</u> -DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7735	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1950, to May 1, 1950, that I last saw the deceased alive on May 1, 1950, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Wallenboch</u> (Degree or title) <u>O.M.D.</u>	23b. ADDRESS <u>Mexico Mo.</u>	23c. DATE SIGNED <u>May 2, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EASTTOWN MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 3-1950</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara ...</u> ADDRESS <u>Mexico Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

042
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RECEIVED MAY 8 1950
District Health Officer No. 10
District File Number 5-50-794
Date Filed _____

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed Elmer Ruedel

Licensed Embalmer No. 3569

P. O. Address Michigan Ave

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.