

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15509**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **75**

972
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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 Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall-	
c. LENGTH OF STAY (In this place) 6 Months		d. STREET ADDRESS (If rural, give location) 177 1/2 West Arrow	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pautz Invalid Home			

3. NAME OF DECEASED (Type or Print) a. (First) Lottie b. (Middle) Lou c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) April 3rd. 1950		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 13-1873		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Did not work			11. BIRTHPLACE (State or foreign country) Arrow Rock-Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Joseph Figgins			13b. MOTHER'S MAIDEN NAME Margaret West			14. NAME OF HUSBAND OR WIFE William Martin-Deceased		
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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) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S.R. Scott-Mexico-Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 9 Weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ -rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				4222	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis				4 yrs	

18a. DATE OF OPERATION		19a. 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 **July 1, 1948, April 3, 1950**, that I last saw the deceased alive on **April 2, 1950**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS [Address]		23c. DATE SIGNED 4/4/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/5/50		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock Cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock-Missouri	
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DATE REC'D BY LOCAL REG. April 4-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature]	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 10

RECEIVED

District Health Officer No. 1

District File Number _____

Date Filed 4-20-50

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 J. Leslie Summary
Licensed Embalmer No. 3235

P. O. Address Marshall, 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.