

FILED JUL 10 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20042

0460

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

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>			c. LENGTH OF STAY (In this place) <u>3 1/2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs 0460</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>Christine</u>		c. (Last) <u>Martin</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>22</u>		(Year) <u>'50</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>Aug. 19, 1865</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>10</u>		IF UNDER 24 HRS. Hours <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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		11. BIRTHPLACE (State or foreign country) <u>Denmark</u>	
13a. FATHER'S NAME <u>?? Petersen</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Edw. C. Martin</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edw. C. Martin, Willow Springs, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>					<u>7 to 4 years</u>
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>heart disease</u>					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11/20/50</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (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)		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 1949</u> , to <u>June 6, 1950</u> , that I last saw the deceased alive on <u>6-22, 1950</u> , and that death occurred at <u>5 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Mason MD</u> (Degree or title)				23b. ADDRESS <u>Willow Springs</u>		23c. DATE SIGNED <u>June 28 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> 387		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Burns, Willow Springs, Mo.</u>			

RECEIVED 7-8-51

District Health Officer No. 5,

District File Number 750-279

Date Filed 7-8-51

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 *Paul W. Barnes*

Licensed Embalmer No. *4614*

P. O. Address *Willow 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.