

FILED SEP 29 1950 STANDARD CERTIFICATE OF DEATH

0030

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 4011 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>		c. LENGTH OF STAY (in this place) <u>X</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Watson</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Jane</u> c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 26, 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>8-6-1883</u>
9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR (Months) <u>1</u>	11. UNDER 1 MRS. (Hours) (Min.) <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Guilford, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>			
13a. FATHER'S NAME <u>Milton Stackhouse</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McMackin</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. 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>Mrs John DeVore. Watson, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchitis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>unprescribed</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility heart failure</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (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) (Min.) <u>✓</u>		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>3/10/50</u> , 19 <u>50</u> , to <u>Sept 26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 25, 1950</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Gray M.D.</u> (Degree or title)		23b. ADDRESS <u>WATSON MO</u>	
23c. DATE SIGNED <u>Sept 28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/28/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highcreek Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Watson, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 27-56</u>		REGISTRAR'S SIGNATURE <u>J. A. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bartholomew Mortuary, Rockport. Mo</u>

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**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

*Pratt B. Benthall*

.....  
Student Embalmer

Licensed Embalmer No. ....

3173

P. O. Address Rock Port. 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.