

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHOn file in 30021
State File No. 868

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 868

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, | |
| c. LENGTH OF STAY (In this place) 7 years | | 0374 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1249 E. Portland | | d. STREET ADDRESS (If rural, give location) 1249 E. Portland | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Martinous | | | 4. DATE OF DEATH (Month) (Day) (Year) October 2, 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 Unknown | | 9. AGE (In years) (Month) (Day) (Year) of UNDER 1 YEAR Days Hours Min. Appr. 75 years | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY In home | | | 11. BIRTHPLACE (State or foreign country) Mt. Lebanon, Syria | | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|---|--|--|---|--|--|---|--|--|
| 13a. FATHER'S NAME Elias Joseph | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE TAM MARTINOUS | | |
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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. No | | 17. INFORMANT'S SIGNATURE OR NAME Phil Martinous | | ADDRESS Springfield, Mo | |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis heart dis. 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. Diabetes mellitus. | | | | | | INTERVAL BETWEEN ONSET AND DEATH Several years | |
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| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 **12-16**, 19**43**, to **10-2**, 19**50**, that I last saw the deceased alive on **10-2**, 19**50**, and that death occurred at **9:00 p.m.**, from the causes and on the date stated above.

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|---|--|---|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) John O. Turner, M.D. | | 23b. ADDRESS Springfield, Mo. | | 23c. DATE SIGNED 10/4/50 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-5-50 | | 24c. NAME OF CEMETERY OR CREMATORY ST MARY'S | | 24d. LOCATION (City, town, or county) (State) Pittsburg, Kansas | |
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| DATE REC'D BY LOCAL REG. 10/6/50 | | REGISTRAR'S SIGNATURE W. E. Hendley M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf Funeral Home | | ADDRESS Springfield, Missouri | |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480396
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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.....

Lewis G. Schuyff

Signed.....
Student Embalmer

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.