

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32680

State File No.

BIRTH NO. 63421-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1178

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ANDREW</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH 0021</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Methodist Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>CINDY</u> b. (Middle) <u>DIANE</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 19, 1950</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Joseph Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>John FREDERICK MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE LORENE PAGE</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John F. Martin, Savannah, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>			II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			776X		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) _____					
			DUE TO (c) _____					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Oct 19, 1950 to Oct 21, 1950, that I last saw the deceased alive on Oct 20, 1950, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Perry M.D. Savannah, Mo</u>		23b. ADDRESS <u>Savannah, Mo</u>		23c. DATE SIGNED <u>10-26-50</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Coats</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Hale</u>		ADDRESS <u>Savannah</u>	

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

1170

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.....

C. Dean Cole

Signed.....

Student Embalmer

Licensed Embalmer No.

4670

P. O. Address.....

Savannah 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.