

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43662

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u> 0730	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>NEosko Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>NEosko Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) _____ c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31. 1950</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 11, 1917</u>	9. AGE (In years, last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>	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) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MOUNDEVILLE MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JIM MEAD</u>	13b. MOTHER'S MAIDEN NAME <u>CYNTHIA DINGES</u>	14. NAME OF HUSBAND OR WIFE <u>TROY MARTIN</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CYNTHIA MEAD</u> ADDRESS <u>NEosko Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>109160</u> <u>1 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death when home</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>was destroyed by fire during</u> DUE TO (c) <u>night time</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>073</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>3 mi. E. of Neosho Newton Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-50 Unknown</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home burned while they were asleep</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 12-31, 1950, and that death occurred at Unknown m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cooley Thompson Coroner 3</u>	23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>1-1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.D.F.</u>	24d. LOCATION (City, town, or county) (State) <u>NEosho MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cooley Thompson</u> ADDRESS <u>Neosho Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0730

RECEIVED

District Health Officer No.

Newton Co. Health Dept.

File Number

151-36

1/22/51

FEB 10 1951

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

Kat Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Barney Thompson Sr.

Licensed Embalmer No. *3259*

P. O. Address

Newark 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.