

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

261

State File No. _____

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>74</u> | |
| 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>Buchanan</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>3 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>C117.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Dewey Ave. Parkview Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5115 King Hill Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> | | b. (Middle) <u>Spears</u> | | c. (Last) <u>Martin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1951</u> | |
| 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>June 10, 1866</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 HRS. Hour Min. | | | |
| 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>home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles L. Spears</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sallie Ann Bryant</u> | | 14. NAME OF HUSBAND OR WIFE <u>Daniel D. Martin</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. K. Widmann</u> | | ADDRESS <u>5115 King Hill Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years?</u> <u>331X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>Jan. 15, 1951</u> , to <u>Jan. 20, 1951</u> , that I last saw the deceased alive on <u>Jan. 15, 1951</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Willie C. McDonald</u> (Degree or title) <u>M; D.</u> | | | | 23b. ADDRESS <u>301 N. 8th St., St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>1-22-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>1/22/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 24, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Cook</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1967

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 *William Spedding*

Licensed Embalmer No. *4525*

P. O. Address *3195 10th Memphis*

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.