

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 453

FILED JAN 17 1951

BIRTH NO. 56378-50 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Gir. Wilson Rd.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>3 Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic</b>		d. STREET ADDRESS (If rural, give location) <b>Wilson Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Patricia</b> b. (Middle) <b>Ann</b> c. (Last) <b>Martin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 6 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>Sept. 29 1950</b>	9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Wm Martin</b>	13b. MOTHER'S MAIDEN NAME <b>Beulah Held</b>	14. NAME OF HUSBAND OR WIFE <b>Child</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm Martin</b>	ADDRESS <b>Wilson R. Cape</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lobar Pneumonia</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>of 70 X</b>

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 5, 1951**, to **Jan 6, 1951**, that I last saw the deceased alive on **Jan 6, 1951**, and that death occurred at **5:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Newell</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>105 S. Spanish Cape Girardeau, Mo</b>	23c. DATE SIGNED <b>Jan 13, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JAN 8 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Augustine Kelso Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Kelso Mo.</b>
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DATE REC'D BY LOCAL REG <b>1-12-1951</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	FUNERAL DIRECTOR'S SIGNATURE <b>J. D. Newell</b>	ADDRESS <b>Cape Gir. Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

164  
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RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No.

No. ....

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Charles Crase*  
Student Embalmer

Signed.....  
*W. H. Ester*

Licensed Embalmer No.....  
*3568*

P. O. Address.....  
*Edge View 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.