

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6219 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>VERNON</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) OR TOWN <u>NEOSHO DAYWOOD</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> <u>0732</u>		d. STREET ADDRESS (If rural, give location) <u>432 W. McCord St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JANNICE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7 1951</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>AUG. 8 1949</u>	9. AGE (In years last birthday) <u>1</u>	If under 1 year: Months <u>4</u> Days <u>29</u>	
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>NEOSHO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEWIS MARTIN</u>		13b. MOTHER'S MAIDEN NAME <u>VERA KEE</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Martin 432 W McCord St Neosho</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphocytic Choriomeningitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1</u>				19. DATE OF OPERATION	19d. MAJOR FINDINGS OF OPERATION
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	19c. MAJOR FINDINGS OF OPERATION	19d. MAJOR FINDINGS OF OPERATION	19e. 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) (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 7, 1951</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Ray W. Pearce M.D.</u>			23b. ADDRESS <u>Nebraska</u>		23c. DATE SIGNED <u>1/12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-9-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 15-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith Gibson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orley Thompson, Neosho Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 23 1951

Dist. File 157-204

Date Filed 1-23-1951

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

Corley Thompson Jr.

Student Embalmer No. 384

working under my personal supervision.

Student Corley Thompson Jr.

Student Embalmer

Signed Corley Thompson Jr.

Licensed Embalmer No. 3259

P. O. Address Neada, 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.