

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

141

BIRTH NO. 10546-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 141

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #6, Box 183</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Girl</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 8, 1951</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>8</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>St. Joseph, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Clyde Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Maxine Manley</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Martin</u>		17. ADDRESS <u>Rt. 6, St. Joseph</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Hours 7</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				7-2-51	
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	
19a. DATE 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) m.		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 2-8-51, 10 to 2-8-51, 10, that I last saw the deceased alive on 2-8-51, 19, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford L. Steadley DO</u> (Degree or title)		23b. ADDRESS <u>801 1/2 Francis, St. Joseph, Mo</u>		23c. DATE SIGNED <u>2/9/51</u>	
24a. BURIAL/CREMATION, REMOVE (Specify) <u>Burial</u>		24b. DATE <u>Feb. 9, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>Feb 10, 1951</u>		24f. REGISTRAR'S SIGNATURE <u>Carl C. Post</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll A. Clark</u>		ADDRESS <u>120 Illinois Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01170

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Eure a. Cook

Signed.....  
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph, 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.