No. 300
10.48

0542

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

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9153

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington
c. LENGTH OF STAY (In this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lexington Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellington
d. STREET ADDRESS (If rural, give location): Hy 24 - (on city limits)

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3. NAME OF DECEASED (Type or Print)
a. (First): Sophia
b. (Middle):
c. (Last): Martino

4. DATE OF DEATH (Month) (Day) (Year): March 30 - 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8, 1890
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months: 1 Days: 22
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): North City Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: August Bordon
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Frank Martino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Frank Martino
ADDRESS: Wellington, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) --

DUE TO (c) --

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: --
20. AUTOPSY? YES ☐ NO ☒ 4201

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 29, 1951, *to* March 31, 1951, *that I last saw the deceased alive on* March 31, 1951, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ben H Brisolier (Degree or title): D M D
23b. ADDRESS: Lexington, Missouri
23c. DATE SIGNED: 3/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1951
24c. NAME OF CEMETERY OR CREMATORY: Wellington City
24d. LOCATION (City, town, or county) (State): Wellington Missouri

DATE REC'D BY LOCAL REG.: April 3 1951
REGISTRAR'S SIGNATURE: Minnie E Kuetzbach
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25. FUNERAL DIRECTOR'S SIGNATURE: J. Clair Sheppard
ADDRESS: Wellington, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-4-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-4-51

SEP 10 1952

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 _____
Student Embalmer

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address Wellington, Me.

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.