

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13685
Registrar's No. 25

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 4487

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY (If outside corporate limits, write RURAL and give township) Lowry City
c. LENGTH OF STAY (In hospital or institution) 75 years
d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Clair
c. CITY (If outside corporate limits, write RURAL and give township) Lowry City
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) Martha b. (Middle) Ellen c. (Last) Park
4. DATE OF DEATH (Month) (Day) (Year) 4-28-1951

5. SEX Female **6. COLOR OR RACE** White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 13, 1867
9. AGE (In years that birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown **13b. MOTHER'S MAIDEN NAME** Unknown **14. NAME OF HUSBAND OR WIFE** Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** None
17. INFORMANT'S SIGNATURE OR NAME John E. Park **ADDRESS** Lowry City 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis, Arteriosclerosis
DUE TO (c) Cardiac Asthma
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Redden

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) _____ **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 1, 1951, to April 28, 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 7: PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. B. Mann **23b. ADDRESS** RD 2 Lowry City, Mo **23c. DATE SIGNED** Apr 29 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 4-30-1951 **24c. NAME OF CEMETERY OR CREMATORY** Park Grove **24d. LOCATION** (City, town, or county) (State) Lowry City Missouri.

DATE REC'D BY LOCAL REG. 4-30-51 **REGISTRAR'S SIGNATURE** [Signature] **25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** [Address]

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

930

0930

RECEIVED 5-10-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-10-51 _____

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 JB Bannick _____

Licensed Embalmer No. 3038 _____

P. O. Address Escola 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.