

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31202**

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 187	
1. PLACE OF DEATH a. COUNTY ST. CHARLES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY			
b. CITY (If outside corporate limits, write RURAL and give town or township) TOWN ST. CHARLES		c. LENGTH OF STAY (in this place) 12 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN FULTON		0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL				d. STREET ADDRESS (If rural: give location) 2nd ST. _____ 1			
3. NAME OF DECEASED (Type or Print) a. (First) BETTIE b. (Middle) ANN c. (Last) MARTIN			4. DATE OF DEATH (Month) (Day) (Year) SEPT 7, 1951				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 9, 1879	
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months 1 Days 28		11. UNDER 18 HRS. Hours 28 Min.		9. AGE (In years last birthday) 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Antone Godman		13b. MOTHER'S MAIDEN NAME Sallicie Thompson		14. NAME OF HUSBAND OR WIFE Wilma Martin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS me. Walter Blackburn Fulton, 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) Hemorrhage from internal Troat - Cause unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2 Gen Arterio Sclerosis 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. 3 Arterio Sclerosis Heart				INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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.) 4200		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 7/22, 1948 , to 9/8, 1951 , that I last saw the deceased alive on 9/7, 1951 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. K. Gurdice (Degree or title) MD				23b. ADDRESS 126 So Main St. St. Charles, Mo		23c. DATE SIGNED 9/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/9/1951		24c. NAME OF CEMETERY OR CREMATORY Riverview		24d. LOCATION (City, town, or county) (State) Callaway County, Mo.	
DATE REC'D BY LOCAL REG. 9-17-51		REGISTRAR'S SIGNATURE Francis H. Hester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marjorie Funeral Home, Fulton, Mo.			

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

923
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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 24 1951

RECEIVED

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 Arthur C. Lane

Licensed Embalmer No. 3155

P. O. Address St Charles 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.