

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32665

State File No.

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1125

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>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u> <u>0380</u>	
c. LENGTH OF STAY (In this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Waunda</u> b. (Middle) <u>Marie</u> c. (Last) <u>Marticke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 31, 1951</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 28, 1926</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Pattonsburg, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Charles Sweat</u>	13b. MOTHER'S MAIDEN NAME <u>Leola Lowery</u>	14. NAME OF HUSBAND OR WIFE <u>Elvan D. Marticke</u>
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>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Elvan D. Marticke, Stanberry, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>4 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Dis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardia successfully</u> <u>Valvular lesion mit stenosis</u>		
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 <u>Lowery covered</u>	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) <u>410X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 Oct 18, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 4:15A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. H. Giverson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>10-31-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>4</u>	24b. DATE <u>10/31/1951</u>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <u>Stanberry, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 8, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cadley</u> <u>446</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman Funeral Home</u> <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1901

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 *William Spalding*.....

Licensed Embalmer No. *4535*

P. O. Address *319 S 10th St, Des Moines, Ia*

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.