No. 300
10-48

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36638

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 146

190
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Peculiar Twnp
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi East Peculiar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass 0190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural West Peculiar
d. STREET ADDRESS (If rural, give location): 2 mi East Peculiar

3. NAME OF DECEASED (Type or Print)
a. (First): Deanna
b. (Middle): Louise
c. (Last): Martin

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Mar. 4, 1948
9. AGE (In years last birthday): 3½ — 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): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: D. A. Martin
13b. MOTHER'S MAIDEN NAME: Ruth Stewart
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: D. A. Martin Peculiar, 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): ~~Accidental Drowning~~ Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ✓
DUE TO (c): ✓ E929.1

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: ✓ 42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: ✓ 019
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): W. Peculiar Twp, Cass, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 8 51 2 P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: accidental drowning in pond

22. *I hereby certify that I attended the deceased from* 11/8, 1951, *to* 11/8, 1951, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin V. Robbins, M.D.
23b. ADDRESS: Peculiar, Mo
23c. DATE SIGNED: 11/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/11/51
24c. NAME OF CEMETERY OR CREMATORY: Wills Cemetery
24d. LOCATION (City, town, or county) (State): Peculiar Mo

DATE REC'D BY LOCAL REG.: Nov 11 1951
REGISTRAR'S SIGNATURE: Dora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E.K. George + Sons Belton, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 17 1951
CASS COUNTY
HEALTH DEPARTMENT

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.