

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42516**

FILED DEC 28 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b>	
c. LENGTH OF STAY (in this place) <b>60 days</b>		d. STREET ADDRESS (If rural, give location) <b>814 W. Mason</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mineral Springs Hospital</b>		e. <b>10W Colledge</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>J</b> b. (Middle) <b>Bell</b> c. (Last) <b>Martin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 7 - 1951</b>		
--	--	--	---	--	--

5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Dec. 20 - 1867</b>		9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
--------------------	--	-------------------------------	--	--	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pike Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
---	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME <b>James L. Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Emily J. Shottwell</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ella Martin - Bowling Green</b>		ADDRESS	
--	--	-------------------------------------	--	---	--	---------	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>9 wks.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>fracture of femur</b>		
	DUE TO (c) <b>by fractured femur.</b>		
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 <input type="checkbox"/> NO <input 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)	
--	--	--	--	---	--

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 **Oct 5, 1951**, to **Dec. 7, 1951**, that I last saw the deceased alive on **Dec 7, 1951**, and that death occurred at **8 10 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. L. Bilyeu, D.O.</b>		23b. ADDRESS <b>Louisiana, Mo.</b>		23c. DATE SIGNED <b>12/7/51</b>	
---	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-10-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Mo Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia Missouri</b>	
--	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>Dec 11, 1951</b>		REGISTRAR'S SIGNATURE <b>Berniece Collier</b>		374		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. Elmore</b>		ADDRESS <b>Bowling Green</b>	
---	--	--	--	-----	--	---	--	---------------------------------	--

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

Date Received: DEC 22 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-2  
Date Filed: DEC 26 1951

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

*W. B. Elmore*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.