

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12779

State File No.

FILED MAY 3 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>145</u>		PRIMARY REG. DIST. NO. <u>5566</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>IRON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>IRON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (OSAGE) Ward 50 YES</u>		c. LENGTH OF STAY (in this place) <u>SO YES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (OSAGE) Ward 50</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE E. YIBURNUM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILE E. YIBURNUM</u>				d. STREET ADDRESS <u>1 MILE E. YIBURNUM</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15-1952</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>SEPT. 13-1882</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>YIBURNUM, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>SAM HEDRICK</u>		13b. MOTHER'S MAIDEN NAME <u>ROXY CHANDLER</u>		13c. NAME OF HUSBAND OR WIFE <u>WM. MARTIN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WM. MARTIN - YIBURNUM, Mo.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WM. MARTIN - YIBURNUM, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism</u>					
		DUE TO (c) <u>Auricular Fibrillation</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovasc. Disease</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>3-28, 1952</u> , to <u>4-13, 1952</u> , that I last saw the deceased alive on <u>4-13, 1952</u> , and that death occurred at <u>10:25 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Charles Douberq, M.D.</u>				23b. ADDRESS <u>Steelville, Mo.</u>		23c. DATE SIGNED <u>4-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CZAR CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CZAR, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>April 30-1952</u>		REGISTRAR'S SIGNATURE <u>Miss Elizabeth Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Halber</u> ADDRESS <u>STEELVILLE, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5470
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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.....

Thomas S. Hackett

Signed.....

Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.