

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25334

State File No.

FILED AUG 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u> <u>0821</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> <u>08-20</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>South 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle) <u>Permelia</u>			c. (Last) <u>Martin</u>	
4. DATE OF DEATH <u>8-1-52</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>11-24-76</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u>7</u> Min. _____	
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>none</u>		11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>us</u>	
13a. FATHER'S NAME <u>Mark Palmer</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joe House Bowling Green, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cordes - Vasculor Renal Disease</u> DUE TO (c) <u>Pyelonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>10 yrs</u> <u>4 wks</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>442X</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) _____		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>July 21</u> , 1952, to <u>Aug 1</u> , 1952, that I last saw the deceased alive on <u>Aug 1</u> , 1952, and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. H. Lewell M.D.</u>				23b. ADDRESS <u>Louisiana Mo</u>		23c. DATE SIGNED <u>8/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 3, 1952</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. G. Mudd</u>		ADDRESS <u>Bowling Green, Mo.</u>	

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

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 James C. Hudd
Licensed Embalmer No. 4152

P. O. Address Baughman, 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.