

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27228

State File No. ....

FILED SEP 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 933

1. PLACE OF DEATH a. COUNTY <u>MadBuchananartin 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>14 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>314 1/2 South 16th (In Rear)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Madge</u> b. (Middle) <u>Rae</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>81--30 - 1952</u>		
5. SEX <u>Female 3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11 - 2 - 1901</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Savannah, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 <u>Own Home</u>			

13a. FATHER'S NAME <u>Emmett Gunn</u>		13b. MOTHER'S MAIDEN NAME <u>Mayme A. Finley</u>		14. NAME OF HUSBAND OR WIFE <u>Ira O. Martin</u>	
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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>Ira O. Martin, 314 1/2 So. 16th (Rear)</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition &amp; DeHydration</u>		DUE TO (b) <u>Probable Carcinoma of stomach</u>				<u>unknown</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS <u>Acute Yellow Atrophy of Liver</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Complete renal failure</u>						<u>Unknown</u> <u>Unknown</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 8-30-1952, to 8-30-1952, that I last saw the deceased alive on 8-30-1952, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Overseer M.D.</u>		23b. ADDRESS <u>Tootle Building, St. Joseph, Missouri</u>		23c. DATE SIGNED <u>9-1-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Alexander, St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 17 1952

**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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.