

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32030

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 420

495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin	c. LENGTH OF STAY (in this place) 42 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2323 Bird		d. STREET ADDRESS (If rural, give location) 2323 Bird	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Pauline	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married //	8. DATE OF BIRTH Aug. 9, 1910	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. H. Martin	13b. MOTHER'S MAIDEN NAME Matilda Greenwald	14. NAME OF HUSBAND OR WIFE -----
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME W. H. Martin, 2323 Bird, Joplin	ADDRESS
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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) Inanition		INTERVAL BETWEEN ONSET AND DEATH 6 mo. overly
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Schizophrenia		
	DUE TO (c)		
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 3007	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 6-13, 1952 to 9-18, 1952 that I last saw the deceased alive on 9-18, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE G. H. Hamilton, MD	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 9-22-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-52	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 9-24-52	REGISTRAR'S SIGNATURE James	138	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	ADDRESS
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RECEIVED 9-29-52

Jasper County Health Office

County File Number 52/9/755

Date Filed 9-29-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.