No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1953

State File No. 17127

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 633

1. PLACE OF DEATH
a. COUNTY Buchanan 0117
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1111 Douglas St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Buchanan 0117
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0
d. STREET ADDRESS (If rural, give location) 1111 Douglas Street

3. NAME OF DECEASED (Type or Print)
a. (First) Estella
b. (Middle)
c. (Last) Martin

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 1953

5. SEX Female 3

6. ~~COLOR OR~~ RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 2 17 1882

9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) St. Charles, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clyde Sullivan

13b. MOTHER'S MAIDEN NAME Jannie Postom

14. NAME OF HUSBAND ~~OR WIFE~~ John J. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Miss Carmen Martin
ADDRESS 1111 Douglas

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic heart disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* nephro-sclerosis, senility — ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24-53, *19*___, *to* 6-3-53, *19*___, *that I last saw the deceased alive on* 6-3-53, *19*___, *and that death occurred at* 7:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE E. Kendall (Degree or title) M.D.

23b. ADDRESS 311 Physician & Surgeons Bldg., St. Joseph Missouri

23c. DATE SIGNED 6-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-5-1953

24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery

24d. LOCATION (City, town, or county) St. Joseph (State) Mo.

DATE REC'D BY LOCAL REG. June 8, 1953

REGISTRAR'S SIGNATURE Esther M. Allison 4.85

25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander

ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.