

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22434**

820  
1  
FILED JUN 22 1953  
BIRTH NO. **JUN 22 1953** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5922** Registrar's No. **193**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Beaman P.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Beaman Bowling Green</b>	
c. LENGTH OF STAY (In this place) <b>18 years</b>		d. STREET ADDRESS (If rural, give location) <b>R # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R # 2 Bowling Green Hosp</b>		e. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1953</b>	

3. NAME OF DECEASED (Type or Print) <b>FRED</b>		a. (First) <b>F.</b> b. (Middle) <b>L.</b> c. (Last) <b>MARTI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Dec 8 1878</b>		9. AGE (In years last birthday) <b>74</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <b>John Marti</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Casley</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Richardson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. F.L. Marti</b> ADDRESS <b>R # 2 Beaman Mo</b>	

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) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic Cardio Vascul. Dis.</b> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
---	--	--	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <b>March</b> , 1953, to <b>June 8</b> , 1953, that I last saw the deceased alive on <b>June 8</b> , 1953, and that death occurred at <b>8:45 p.m.</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>D. Siegel MD</b> (Degree or title)		23b. ADDRESS <b>Smithton Mo</b>		23c. DATE SIGNED <b>June 9 1953</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	
24d. LOCATION (City, town, or county) (State) <b>Windsor Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b> ADDRESS <b>Windsor Mo</b>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>6-19-53</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b> ADDRESS <b>Windsor Mo</b>	
--	--	---	--

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William M. Jursell*

Licensed Embalmer No.

*4648*

P. O. Address

*Windsor, 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.