

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28152

State File No.

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville (Meramec)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville, Mo</u> <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carl Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>Carl Nursing Home</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>Eliz.</u> c. (Last) <u>Martin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 8, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10 UNDER 1 YEAR <u>4</u> Months <u>23</u> Days	10 OVER 1 YEAR <u>1</u> Year <u>0</u> Months <u>0</u> Days
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10a. USUAL OCCUPATION (Give kind of work considering most of working life, if retired) <u>Occasional House</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin Luther Nevins</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>John H. Martin (Dec'd)</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 <u>Henry Martin</u> ADDRESS <u>Puba, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis (abd.)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>Involuntal Melancholia</u> <u>years</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 20 July, 1953, to 31 July, 1953, that I last saw the deceased alive on 30 July, 1953, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John Campbell M.D.</u> (Degree or title)	23b. ADDRESS <u>Steelville, Mo.</u>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-7-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-21-53</u>	REGISTRAR'S SIGNATURE <u>W. L. ...</u> 76-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. ...</u> ADDRESS <u>... Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

280
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SEP 16 1953

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
Student Embalmer

Student Embalmer No. _____

Signed *Paul C. Franklin*

Licensed Embalmer No. *3477*

P. O. Address *Cuba, 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.