

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29581

State File No.

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>	
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>S. Second St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE Co. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ARTIE</u>	b. (Middle) <u>Mecie</u>	c. (Last) <u>Annie Martin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARITAL STATUS (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>APRIL 25, 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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>	11. BIRTHPLACE (State or foreign country) <u>RFD - Elsberry, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lewis Pfordt</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Jane Palmer</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Martin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dessie Ross - Elsberry, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>day of death</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rectal Surgery per below.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis with periodic episodes of congestive failure + decompensation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <u>8-17-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Rectal polyp + Thrombosed hemorrhoids, surgery by C.H. Bevelken</u>	21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>461X</u>
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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) <u>461X</u>
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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 8-11-53, 1953, to 8-22-, 1953, that I last saw the deceased alive on 8-21-53 and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert L. Linder</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>216 Georgia St. Louisiana, Mo</u>	23c. DATE SIGNED <u>8-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/24/53</u>	24c. NAME OF CEMETERY OR INTERMENT PLACE <u>OAK RIDGE</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elmer Witt - Elsberry, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed  Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.