S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30951

FILED OCT 13 1953

BIRTH NO. 49511 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 155

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 815 West Liberty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico 0043
d. STREET ADDRESS (If rural, give location): 815 West Liberty 0

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

4. DATE OF DEATH (Month) (Day) (Year): Oct 5, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Aug 7, 1953
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 1, Days 28
IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gilbert Martin
13b. MOTHER'S MAIDEN NAME: Virginia Martin
14. NAME OF HUSBAND OR WIFE: none

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: Gilbert Martin
ADDRESS: Mexico, Mo.

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) The deceased died unattended by a physician. She had been in Audrain County Hospital in the incubator for 4 weeks after birth. No evidence of violence or foul play, nor neglect. All evidence shows the deceased had an impacted bowel and that she was a seven month baby, and died from bowel and stomach trouble. Coroner's Verdict, No Jury

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.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: ———
19b. MAJOR FINDINGS OF OPERATION: none
5704
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ———
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* Coroner's Case without Jury, 19__, to 19__, 19__, *that I last saw the deceased alive on* Oct 5, 1953, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

Died

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner
23b. ADDRESS: Mexico, Audrain, Missouri
23c. DATE SIGNED: 10-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-53
24c. NAME OF CEMETERY OR CREMATORY: Eastlawn Mem Park
24d. LOCATION (City, town, or county) (State): Audrain Co., Mo.

DATE REC'D BY LOCAL REG.: Oct 6 1953
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Chas Russell Jr
ADDRESS: Mexico

(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 Chas Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Milpitas

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.