

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5675 State File No. 32336

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5198 Registrar's No. 37

1. PLACE OF DEATH  
a. COUNTY LINCOLN  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural HURRICANE TOWNSHIP  
c. LENGTH OF STAY (in this place) 4 years  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7 Miles South of Eolia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY Lincoln  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Hurricane Township  
d. STREET ADDRESS (If rural, give location) 7 Miles South of Eolia 0570

3. NAME OF DECEASED (Type or Print)  
a. (First) Bessie b. (Middle) Marie c. (Last) MARTIN  
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 26-1953

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH April 5, 1905 9. AGE (In years last birthday) 48 10. MONTHS 9 11. CITIZEN OF WHAT COUNTRY? USA

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

13a. FATHER'S NAME Edmond McKinley 13b. MOTHER'S MAIDEN NAME Minnie Bennet 14. NAME OF HUSBAND OR WIFE Charles Edward Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 352-20-4245 17. INFORMANT'S SIGNATURE OR NAME Charles Edward Martin ADDRESS Eolia, Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebrovascular accident  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) The stroke was of  
DUE TO (c) Length  
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  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) \_\_\_\_\_ 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 \_\_\_\_\_, 1951, to 9-26, 1953, that I last saw the deceased live on 8-25, 1953, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Louisiana, Missouri 23c. DATE SIGNED 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 29, 1953 24c. NAME OF CEMETERY OR CREMATORY New Malle Cemetery 24d. LOCATION (City, town, or county) (State) New Malle Mo.

DATE REC'D BY LOCAL REG. 10-2-53 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS McCue Funeral Service Eolia, Mo.

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

520

NOV 4 1952

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

Signed

*George O. Hagner*

Student Embalmer No.....

Licensed Embalmer No. *3713*

P. O. Address *Louisiana, La.*

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.