

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45432

FILED JAN 19 1954

State File No. _____

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 12338

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 12338	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 WKB		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				6. STREET ADDRESS (If rural, give location) 5566 St. Louis Avenue 2069			
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) B. c. (Last) Martens			4. DATE OF DEATH (Month) (Day) (Year) 12 - 29 - 1953				
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8 - 13 - 1885		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Amos C. Bright		13b. MOTHER'S MAIDEN NAME Mariah Easkam		14. NAME OF HUSBAND OR WIFE Gustave H. Martens			
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank C. Olson, 5566 St. Louis				
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) <i>Staphylococcal meningitis following</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>frontal lobotomy</i> DUE TO (c) <i>Quodrenal ulcer 6 mos.</i> II. OTHER SIGNIFICANT CONDITIONS ± <i>Quodrenal ulcer 6 mos.</i> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 304 X			
22. I hereby certify that I attended the deceased from <i>July, 1953</i> to <i>29 DEC, 1954</i> , that I last saw the deceased alive on <i>29 DEC, 1954</i> , and that death occurred at <i>8:45 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Richard A. Jones MD</i> (Degree or title)			23b. ADDRESS <i>3720 Washington</i>			23c. DATE SIGNED <i>30 Dec 54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>12/31/53</i>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Moberly, Missouri		
DATE REC'D BY LOCAL REG. DEC 30 1953		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Drehmann-Harral 1905 Union Blvd.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard Jones
Beaumont, Blde

2-3 PM

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.....
Signature of Student Embalmer

Signed *Warren A. Carter*.....

Licensed Embalmer No. *3539*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.