

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8288**

BIRTH NO. **FILED APR 5 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **346**

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. CITY OR TOWN Springfield | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2424 Elizabeth | | e. STREET ADDRESS (If rural, give location) 1031 N. Nettleton | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) SUSAN ELLEN c. (Last) MARTIN | | | 4. DATE OF DEATH (Month) (Day) (Year) April 2, 1954 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6 May 1870 |
| 9. AGE (In years last birthday) 83 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Missouri |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY In Home | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME C.B. Owen | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE G.W. 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. No | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.H. Peters Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis myocardial failure | | | 1 yr |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis | | | unknown |
| 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. 4500 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Springfield Greene, Mo. | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from Mar 2, 1954 , to Mar 30, 1954 , that I last saw the deceased alive on Mar 30, 1954 , and that death occurred at 2:00 P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree of title) [Signature] | | 23b. ADDRESS 609 Cherry Springfield, Missouri | |
| 23c. DATE SIGNED 4-3-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-4-54 | |
| 24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | |
| DATE REC'D BY LOCAL REG. 4-3-54 | | REGISTRAR'S SIGNATURE [Signature] | |
| 25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS J.W. KLINGNER & CO. Springfield, Mo. | | | |

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Max Rhodes*.....

Licensed Embalmer No. *40*.....

P. O. Address *Spring*.....

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.