

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17856**
 BIRTH NO. **34614-54** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 12 Hrs.		e. STREET ADDRESS (If rural, give location) 005/ St. Vincent Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JANET	b. (Middle) LEE	c. (Last) MARTIN	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 25, 1954	9. AGE (In years) (Months) (Days) (Hours) (Min.) 0 0 0 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Monett, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LEO MARTIN	13b. MOTHER'S MAIDEN NAME RUBY McCracken	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Leo Martin	ADDRESS Cassville, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) untreated Amnionitis at birth 9:30 6-25-54		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 7630
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-25-54** to **6-26-54**, that I last saw the deceased alive on **6-26-54**, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Ben M.D. (Degree or title)	23b. ADDRESS Monett Mo.	23c. DATE SIGNED 6-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/27/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	24d. LOCATION (City, town, or county) (State) Barry County, Mo.
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DATE REC'D BY LOCAL REG. 6-26-54	REGISTRAR'S SIGNATURE Katherine Henderson	487-U	25. FUNERAL DIRECTOR'S SIGNATURE F. B. Buchanan	ADDRESS Monett Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 654-53

DATE REC. 6-28-54

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 J. D. Buchanan, Mo.

Licensed Embalmer No. 3179

P. O. Address Monticello, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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