

FILED JUN 28 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18081

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>642</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		0177			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3601 So. 16th St. Route 5</u>				d. STREET ADDRESS (If rural, give location) <u>311 1/2 Mass. Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First)		b. (Middle) <u>E</u>		c. (Last) <u>MARTIN</u>			
4. DATE OF DEATH <u>June 17, 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH <u>Dec. 17, 1875</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaiah Honeycutt</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Moser</u>		14. NAME OF HUSBAND OR WIFE <u>Henry M. Martin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John W. Martin</u>		ADDRESS <u>Rt. 5, St. Joe, Mo.</u>			
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) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u>				DUE TO (c) <u>Acute Myelogenous Leukemia</u>				3 wks. 3wks.	
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 <u>2041</u>	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. SIGNATURE (Degree or title) <u>Sharon E. Waggoner M.D.</u>		21. ADDRESS <u>301 Illinois Ave., City</u>		22. DATE SIGNED <u>6-18-54</u>			
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?		22. I hereby certify that I attended the deceased from <u>Sept. 22, 1953</u> , to <u>June 16, 1954</u> , that I last saw the deceased alive on <u>June 16, 1954</u> , and that death occurred at <u>4:50 a.m.</u> , from the causes and on the date stated above.		23a. BIRTHAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>June 19, 1954</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Buchanan County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>June 23, 1954</u>			
REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		4857		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Clark</u>		ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer,

Signed

Evan A. Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph M

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.