

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18761

State File No.

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 1576 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY OR TOWN <u>Mountain View Mo</u> (If outside corporate limits, write RURAL, and give township) c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Birch Tree Mo</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural S. 1010</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Mae</u> c. (Last) <u>Martini</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1954</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>	8. DATE OF BIRTH <u>April 12 - 1895</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>J. B. Martini</u>		13b. MOTHER'S MARDEN NAME <u>Geneva Payne</u>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carol Martini</u> ADDRESS <u>Birch Tree Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pulmonary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>improper treatment</u>				<u>5 yr</u>	
		DUE TO (c) <u>General debilitation</u>				<u>5 year</u>	
		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) <u>7901</u>	
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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? _____	
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22. I hereby certify that I attended the deceased from 6/18, 1954 to 6/20, 1954 that I last saw the deceased alive on 6-20, 1954, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Stewart</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Johns Creek Ind</u>		23c. DATE SIGNED <u>6/23/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Lady's Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6/24/54</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		126		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shannon Funeral Home</u> ADDRESS <u>Mt. View Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 27 1954

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 *Joe P. Duncan*
Licensed Embalmer No. *432*
P. O. Address *W. New*

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.