

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24032

State File No.

FILED AUG 5 - 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt's Summit</u>	
c. LENGTH OF STAY (In this place) <u>6 mos</u>		d. STREET ADDRESS (If rural, give location) <u>Route #2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>M.</u> c. (Last) <u>Martin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7 May 1934</u>	9. AGE (In years last birthday) <u>20</u>	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Carney Surface</u>	13b. MOTHER'S MAIDEN NAME <u>Esther T. Pirner</u>	14. NAME OF HUSBAND OR WIFE <u>Charles R. Martin</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L. A. WHITE, Capt, MSC</u> ADDRESS <u>US Army Hosp Ft. L Wood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Years _____ Days to weeks _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Rheumatic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>Pneumonia, Glomerulonephritis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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) _____	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 12 July, 1954, to 13 July, 1954, that I last saw the deceased alive on 13 July, 1954, and that death occurred at 10:30a., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Tabert P. Jones Capt. MC</u>	23b. ADDRESS <u>US Army Hospital, Ft Leonard Wood</u>	23c. DATE SIGNED <u>13 Jul 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>
DATE REC'D BY LOCAL REG. <u>7-13-54</u>	REGISTRAR'S SIGNATURE <u>Callahan Anderson</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
	438	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u> ADDRESS <u>Rolla, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

850

RECEIVED 7-13-54
Pulaski County Health Officer
File Number
Date Filed 7-31-54

REC 5 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
Student Embalmer

Signed _____ *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address _____ *Rolla, 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 this body is not embalmed, fact should be so stated above.