

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1954

State File No. 26339

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 942

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. 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) 40 yrs.		e. STREET ADDRESS (If rural, give location) 6002 King Hill Ave. 01170	
d. FULL NAME OF HOSPITAL OR INSTITUTION 225 So. 11th St. Parkview Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) J. c. (Last) Martin			4. DATE OF DEATH Aug. 26, 1954 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 30, 1888		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Halls, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Wilson		13b. MOTHER'S MAIDEN NAME Mary Sanders		14. NAME OF HUSBAND OR WIFE Hugh J. Martin Sr.	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hugh J. Martin Sr. 6002 King Hill	

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 - St. Joseph, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma of Lungs, & Bones Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary - Adenocarcinoma DUE TO (c) grade III Cervix II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X		INTERVAL BETWEEN ONSET AND DEATH Approx 3 yr	
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19a. DATE OF OPERATION 2-28-51		19b. MAJOR FINDINGS OF OPERATION D+C Biopsy - Adenocarcinoma Cervix		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)	
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 Feb 11, 1954, to 8-26, 1954, that I last saw the deceased alive on 8-25, 1954, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 314 No 10th St. City		23c. DATE SIGNED 8-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem. St. Joseph, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Clark Funeral Home St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Aug. 30, 1954		REGISTRAR'S SIGNATURE Katherine M. Allison		48 S	

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

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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.....  
*Ema Clark*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

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.