

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27971

State File No. _____

No. 300
10.48

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>368</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>202 Maiden Lane</u>				e. STREET ADDRESS (If rural, give location) <u>202 Maiden Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>			b. (Middle) _____		c. (Last) <u>Martin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1954</u>
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 8, 1883</u>		9. AGE (In years last birthday) <u>71</u>	UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joe Conrad</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Metster</u>		14. NAME OF HUSBAND OR WIFE <u>William Martin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (as a member) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Simpson</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of Aorta</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>10 hrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4-200</u>				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? <u>4-200</u>			
22. I hereby certify that I attended the deceased from <u>July 13, 1954</u> , to <u>July 14, 1954</u> , that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>4:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Schmitt</u>				23b. ADDRESS <u>James Bels</u>		23c. DATE SIGNED <u>7-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Peace Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-3-54</u>		REGISTRAR'S SIGNATURE <u>W. S. James</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill Bellon</u>		
				ADDRESS <u>Joplin Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 13 195
Jasper County Health Office
County File Number 54-8-66
Date Filed AUG 13 195

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 *David Nelson*

Licensed Embalmer No. 389

P. O. Address *Joplin 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.