

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3914**

BIRTH NO. 12632-55 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 61

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Ashland</u> <u>0100</u> | |
| c. LENGTH OF STAY (in this place) <u>6 hrs-27</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sally</u> b. (Middle) <u>Rae</u> c. (Last) <u>Martin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1955</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>8</u> | 8. DATE OF BIRTH <u>March 9, 1955</u> |
| 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. Months Days Hours Mins. <u>6</u> <u>27</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? <u>United States</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 14. NAME OF HUSBAND OR WIFE | |

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| 13a. FATHER'S NAME <u>Mitchell N. Martin</u> | 13b. MOTHER'S MAIDEN NAME <u>Doris Wilcox</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Mitchell N. Martin</u> | ADDRESS <u>Ashland, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Intra-cranial Hemorrhage</u> <u>Subarachnoid</u> DUE TO (b) <u>Forceps Delivery</u> DUE TO (c) <u>Pelvic Distocia</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>7600</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from 3-8, 1955, to 3-8, 1955, that I last saw the deceased alive on 3-8, 1955, and that death occurred at 9:45 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Edward L. Washington</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>909 University Ave</u> <u>Columbia, Mo</u> | 23c. DATE SIGNED <u>3-9-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 9, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemt</u> | 24d. LOCATION (City, town, or county) (State) <u>Ashland Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar 10 1955</u> | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Burnett</u> | ADDRESS <u>Ashland, Mo.</u> |
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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 *W^m L. Burnett*

Licensed Embalmer No. *3567*

P. O. Address *Ashland 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.