

10683

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED MAR 18 1955

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|---|---|--|--|---|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>333</u> | | PRIMARY REG. DIST. NO. <u>3074</u> | | Registrar's No. <u>37</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>SCOTT</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>SIKESTON</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>SIKESTON</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 <u>123 S. PRARIE</u> | | | | STREET ADDRESS (If rural, give location) <u>123 S. PRARIE 10030</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTIE</u> b. (Middle) <u>JANE BLAKE</u> c. (Last) <u>MARTIN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-20-1955</u> | | | | | |
| 5. SEX <u>7</u> 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 15 1884</u> | | 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dycusburg Ky</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>R. E. BLAKE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ONA</u> | | 14. NAME OF HUSBAND OR WIFE <u>HENRY H. MARTIN</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Virginia Weidemann Sikeston 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, asthenia, 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>Hypertensive heart disease</u> DUE TO (c) <u>Diabetes</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Several years</u> <u>Unknown</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4 of 3 x</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) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from <u>29-Dec</u> , 19 <u>54</u> , to <u>20-Feb</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>19-Feb</u> , 19 <u>55</u> , and that death occurred at <u>1:05 Am.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H. B. Proggmorton M.D.</u> | | | 23b. ADDRESS <u>Sikeston, Mo</u> | | | 23c. DATE SIGNED <u>22-Feb-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2-21-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | | 24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-7-55</u> | | REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter 4-1</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Welch Funeral Home Sikeston Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 14 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 385-61

1245 216 411

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 Raymond Lewis

Licensed Embalmer No. 346

P. O. Address St. Louis, 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.