

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19442**

7 FILED JUN 22 1955

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 177
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. LENGTH OF STAY (In this place) 10 Days	c. CITY OR TOWN Hannibal	d. In 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. Levering Hospital		e. STREET ADDRESS (If rural, give location) 208 Beach St.		
3. NAME OF DECEASED (Type or Print) a. (First) Letha b. (Middle) Pearl c. (Last) Martin		4. DATE OF DEATH (Month) (Day) (Year) 6 - 14 - 55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1884	9. AGE (In years last birthday) 71 If under 1 year: Months _____ Days _____ Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Room Supervisor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo.	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Granville Read		13b. MOTHER'S MAIDEN NAME Mollie Byrns	14. NAME OF HUSBAND OR WIFE Frank V. Martin (Deceased)	
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. 490-07-8473	17. INFORMANT'S SIGNATURE OR NAME Clark P. Martin ADDRESS Traer, Iowa	
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) Arteriosclerotic heart disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4200 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		INTERVAL BETWEEN ONSET AND DEATH 6 months.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 6/4/55 , 19 55 , to 6/14 , 19 55 , that I last saw the deceased alive on 6/14 , 19 55 , and that death occurred at 10:30AM from the causes and on the date stated above.				
23a. SIGNATURE Clark P. Martin (Degree or title)		23b. ADDRESS 504 B & L Building, Hannibal, Missouri	23c. DATE SIGNED 6/15/55.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-1955	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. 6-17-55	REGISTRAR'S SIGNATURE Dr. E.M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE W.C. Fisher ADDRESS Hannibal, Mo.	

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

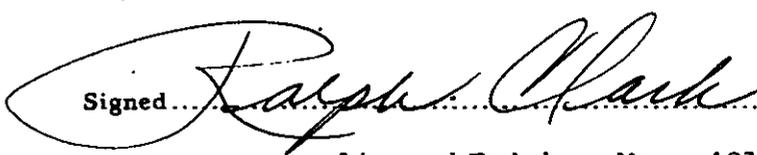
RECEIVED JUN 21 1955
MARION CO. HEALTH DEPT.
DATE FILED JUN 21 1955

SEP 17 1950

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..... 

Licensed Embalmer No..... 4217

P. O. Address..... Hannibal, 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.