

FILED DEC 28 1955

STANDARD CERTIFICATE OF DEATH

41438

State File No.

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>SASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. CITY OR TOWN <u>JOPLIN</u>	
c. LENGTH OF STAY (in this place) <u>3 YRS</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>616 E. 32ND ST.</u>		e. STREET ADDRESS (If rural, give location) <u>1601 MISSOURI</u>	

3. NAME OF DECEASED a. (First) <u>NANCY</u> b. (Middle) _____ c. (Last) <u>MARTIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JAN 14, 1876</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CASSVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (If we kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>			
13a. FATHER'S NAME <u>NATHAN SWIFT</u>		13b. MOTHER'S MAIDEN NAME <u>ADELAINE HOLT</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LEWIS R HUBBELL</u> ADDRESS <u>GARDEN CITY, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure due to Valvular disease</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4214	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) _____	
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 Nov 21, 1955 to Dec 2, 1955, that I last saw the deceased alive on Dec 1, 1955, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>John M. Douglas M.D.</u>		23b. ADDRESS <u>2710 West 32nd St. Joplin, Mo</u>		23c. DATE SIGNED <u>3/5/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
				24d. LOCATION (City, town, or county) (State) <u>Joplin Mo</u>	

DATE REC'D BY LOCAL REG. <u>12-5-55</u>		REGISTRAR'S SIGNATURE <u>Ed. A. James</u> ADDRESS <u>224 N. 1st St. Joplin, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dale Glover</u> ADDRESS <u>Joplin</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

Health Officer No.

Health Officer Name *Harvey*

Date Filed **DEC 23 1955** NEOSHO, MISSOURI

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 *Paul George*

Licensed Embalmer No. *459*

P. O. Address *Joplin*

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.