

Dr. Peterson

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30421

STATE FILE NUMBER

FILED OCT 8 1956

 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 876-A

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 609 E. Walnut			Length of stay in 1b 29 Yrs.		d. STREET ADDRESS (If outside, give location) 609 E. Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAUDE Middle MARTIN Last MARTIN				4. DATE OF DEATH Month SEPT. Day 25 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 15 1895		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Pilley Dairy		11. BIRTHPLACE (City and state or country) Conway, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Martin				14. MOTHER'S MAIDEN NAME Laura Dennis			
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. 491-03-1234		17. INFORMANT Address Mrs. Hazel Count St. Louis, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNATTENDED BY A PHYSICIAN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Probable Coronary Occlusion DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ and last saw him _____ Death occurred at 8:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edith Williamson</i>				22b. ADDRESS Springfield Mo.		22c. DATE SIGNED 10-5-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/1/56	23c. NAME OF CEMETERY OR CREMATORY Bear Thicket Cem.		23d. LOCATION (City, town, or county) (State) Near Phillipsburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS H.H. Lohmeyer Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 10-1-56		26. REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, and Public Service

300-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Lewis T. Swadlow*

Licensed Embalmer No. *48*

P. O. Address *Springfield*

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.