

7887

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Cape Girardeau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital - 81 yrs		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1150 Ellis St	
3. NAME OF DECEASED (Type or print) First William Middle F Last Martens			4. DATE OF DEATH Month March Day 29 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July, 8, 1875	9. AGE (In years last birthday) 81 yrs IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Cape Girardeau Mo	
13. FATHER'S NAME Henry Martens			14. MOTHER'S MAIDEN NAME Dorothea Schmidt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Dora Martens Cape Girardeau 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) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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 27 hrs.
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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 331x	
21. I attended the deceased from Jan. 1955 to 3-29-57 and last saw ^{her} alive on 3-29-57 . Death occurred at 9:45P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wesley F. Wilson M.D. (Degree or title)			22b. ADDRESS 714 Broadway Cape Girardeau Mo		22c. DATE SIGNED 4-1-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March, 31, 1957	23c. NAME OF CEMETERY OR CREMATOR Fairmont Cemt		23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo
24. FUNERAL DIRECTOR L. A. Haman		ADDRESS Cape Girardeau Mo		25. DATE RECD. BY LOCAL REG. 4-4-1957	26. REGISTRAR'S SIGNATURE C. C. Summers

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

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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.

MAY 8 1962

MAY 8 1961

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.....
L. L. Haman

Licensed Embalmer No. 286

P. O. Address Cape Girardeau

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.