

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12389**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **239**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 21 DYS	c. CITY OR TOWN Oak Ridge		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			e. STREET ADDRESS (If rural, give location) Rural Apple Creek Twp. 0168		

3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Oline c. (Last) Martin			4. DATE OF DEATH (Month) (Day) (Year) April 24, 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Pocahontas, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Weisbrod		13b. MOTHER'S MAIDEN NAME Emma Lowes	14. NAME OF HUSBAND OR WIFE John M. Martin Sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. Martin Sr., Oak Ridge, R., Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgical drainage of Gall bladder			157X
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Obstruction of Common Bile Duct DUE TO (c) Carcinoma of Head of Pancreas			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cholecystitis with Cholelithiasis - Pa. Head of Pancreas spread			20. AUTOPSY? 2 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		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				

22. I hereby certify that I attended the deceased from **4/4, 1957**, to **4/24, 1957**, that I last saw the deceased alive on **4/24, 1957**, and that death occurred at **12:15** m., from the causes and on the date stated above.

23a. SIGNATURE W. D. Newell (Degree or title) D.O.		23b. ADDRESS 9855 Grand Cape Girardeau, Mo.		23c. DATE SIGNED 4/27/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27, 1957	24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	24d. LOCATION (City, town, or county) (State) Brazeau, Missouri	

DATE REC'D BY LOCAL REG. 4-29-57	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo		
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(Licensed Embalmer's Statement on Reverse Side)

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

+4-0

MAY 31 1957

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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville*.....

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.