

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27821
State File No.

FILED SEP 5 1957

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3815 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY OR TOWN <u>CAMERON</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>VERNON NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>816 WEST 6th ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>Madeleine</u> c. (Last) <u>Kil MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1957</u>	
5. SEX <u>f</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23, 1897</u>
9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg, Penn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Schram</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>June Leeper Cameron</u>		ADDRESS <u>Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 HRS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> <u>12 YRS.</u> DUE TO (c) <u>GENERALIZED ATHEROSCLEROSIS</u> <u>15 YRS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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) (m.)		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 <u>Aug 27, 1957</u> , to <u>Aug 20, 1957</u> , that I last saw the deceased alive on <u>Aug 29, 1957</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.	
23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Mo</u>		23b. ADDRESS <u>Cameron, Mo</u>	
23c. DATE SIGNED <u>8-30-57</u>		24. FURNAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>9-2-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Cameron Mo</u>		DATE REC'D BY LOCAL REG. <u>8-31-57</u> REGISTRAR'S SIGNATURE <u>Francis Crawford</u>	

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 *Robert F. Poland*.....

Licensed Embalmer No. *477*
222 West
P. O. Address... *Cameron*.....

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.