

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Portageville ⁰⁷²⁹ ₈ <input type="checkbox"/> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo Medical Center		d. STREET ADDRESS BAKERS AVE.	
Length of stay in 1b 18 Days		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Addie Middle B Last MARTIN			4. DATE OF DEATH Month Jan Day 23 Year 58		
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5. SEX Female	6. COLOR OR RACE negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-21-02 ⁵⁹	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 59 Days 59 IF UNDER 24 HRS.: Hours 59 Min. 59	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Scott, Mike	14. MOTHER'S MAIDEN NAME Kings Sarah
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Hospital Chart, Columbia, Mo. Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Myeloma DUE TO (c) —		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Uremia		19. WAS AUTOPSY PERFORMED? 203X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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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	COUNTY	STATE
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21. I attended the deceased from 1-5-58 to 1-23-58 and last saw her ^{her} _{him} alive on 1-23-58 Death occurred at 6:25 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (In legible or title) Diane Burkardt M.D.	22b. ADDRESS U. of Missouri Medical Center	22c. DATE SIGNED 1-23-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 1-27-58	23c. NAME OF CEMETERY OR CREMATORY Portageville	23d. LOCATION (City, town, or county) (State) Portageville Mo
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24. FUNERAL DIRECTOR Lynn Sprinkle	ADDRESS Columbia Mo	25. DATE RECD. BY LOCAL REG. Jan 23 1957	26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

isases in Part I must be causally related.

FEB 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynnan Spindle*

Licensed Embalmer No. *46*

P. O. Address *Columb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.