

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2551

STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSP.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 1003 S. Jefferson	
3. NAME OF DECEASED (Type or print) First SARAH Middle Last MARTIN				4. DATE OF DEATH Month JAN. Day 29 Year 1958			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAY 20, 1863	
9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months 8 Days 9		IF UNDER 24 HRS. Hours 0 Min.		12. CITIZEN OF WHAT COUNTRY? USA	
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 country) NOB LICK, MISSOURI	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mineral Area Hospital, Farmington, 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) Medullary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Imitation & Debility DUE TO (c) Senility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Congestive Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 1-2 hours 3 months several years
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.) 794X					
20c. TIME OF INJURY Hour 10:35 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 FARMINGTON MISSOURI	
20g. COUNTY		20h. STATE					
21. I attended the deceased from 1-20-57 to 1-29-58 and last saw her ^{her} him alive on 1-29-58 Death occurred at 10:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Garrett B. Embold (Degree or title) 2				22b. ADDRESS FARMINGTON MISSOURI		22c. DATE SIGNED 1-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 3, 1958		23c. NAME OF CEMETERY OR CREMATORY Windsor Cem.		23d. LOCATION (City, town, or county) (State) Windsor, Colo.	
24. FUNERAL DIRECTOR Cozean Funeral Home, Farmington, Mo				25. DATE RECD. BY LOCAL REG. Jan. 30, 1958		26. REGISTRAR'S SIGNATURE Eather Rudolph	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 7 1958

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.....
W. H. Coyle

Licensed Embalmer No. 400

P. O. Address *Ferry*

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.