

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013089
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. R. Primary Registration District No. 3010 Registrar's No. 28

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-57
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|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>nodaway</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>nodaway</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>nodaway</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>myrtle</u> Last <u>Martie</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>8</u> Year <u>1958</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-10-1880</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (City and state or country) <u>potowatomie Kans.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Sampson S. Rogers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Speeks</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Martie</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mr. John Martie Nodaway Mo</u> Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis, primary</u> DUE TO (b) <u>Probably Ovarian</u> DUE TO (c) <u>1750</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio-Sclerotic Heart Disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>two years</u> |
| 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 COUNTY STATE | |
| 21. I attended the deceased from <u>8-10-53</u> to <u>4-8-48</u> and last saw her ^{her} him alive on <u>4-4-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Lillian C. Bahner MD</u> (Doctor or title) | | | 22b. ADDRESS <u>Savannah, Missouri</u> | | 22c. DATE SIGNED <u>4-9-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>4-11-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>AMAZONIA</u> | | 23d. LOCATION (City, town, or county) (State) <u>AMAZONIA MO</u> | |
| 24. FUNERAL DIRECTOR <u>Breit Funeral Home, SAVANNAH MO</u> | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>9-14-58</u> | 26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, cotinine, etc. most probably standard. All diseases in Part I must be causally related.

APR 22 1958

VS JAN 8 1960

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 *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.