

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020725
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Piedmont Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Piedmont ¹¹¹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give Street) Length of stay in lb HOSPITAL OR Home of Daughter ^{Mrs. M. J. Foster}		d. STREET ADDRESS (If outside, give location) Reside on Farm 513 Main St. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Julia Ann Martin			4. DATE OF DEATH Month Day Year April 28 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH May 30 1880
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 10 Days 28 Hours 0 Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arcadia, Mo.
13. FATHER'S NAME John Johnson		14. MOTHER'S MAIDEN NAME Sarah Albert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Ester Montgomery ^{Piedmont 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) Thrombosed vessels pneumonia decompensating heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			INTERVAL BETWEEN ONSET AND DEATH
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 a. m. Month, Day, Year 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 January 1957 to 4/28/58 and last saw her alive on 4/26/58 Death occurred at 7:30 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. Heine, M.D.		22b. ADDRESS Piedmont, Mo.	22c. DATE SIGNED 4/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/1/58	23c. NAME OF CEMETERY OR CREMATORY East Estep	23d. LOCATION (City, town, or county) (State) Bunker (Bernolds Co) Mo.
24. FUNERAL DIRECTOR William Cook ^{Piedmont Mo.}		25. DATE RECD. BY LOCAL REG. May 8, 1958	26. REGISTRAR'S SIGNATURE Hazel Ward

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, coroner, etc. must be casually related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 Coder Funeral Home, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 37

P. O. Address Bedford

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.