

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035506
STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1188

300
1-57

20g. CORRECTED
 BY AFFIDAVIT OF *Chumian*
 50% IN CASE OF *Chumian*
 IF POSSIBLE 12-22-58
 MEDICAL CERTIFICATION
 Dr. John L. Mothershead
 USE ONLY BLACK INK OR RIBBON TYPEWRITER
 All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature.

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.		Length of stay in lb 3 years	0117 STREET ADDRESS 0 2215 Veries		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARTHA K. CLARK			4. DATE OF DEATH Month Day Year Oct. 30, 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"/>	8. DATE OF BIRTH Aug. 26, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George R. Abell		13b. MOTHER'S MAIDEN NAME Mary E. Head		14. NAME OF HUSBAND OR WIFE Charles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Mrs. Lorene Snowden, 2204 Monterey Dr. St. Joseph, 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) BURNS 2nd & 3rd degree over Dorsum of legs body, arm, face					INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Jacksons Disease					unkn
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Dress caught on fire when pt. rubbed it on stove.			
20c. TIME OF INJURY Hour Month, Day, Year 9:00 a.m. 10/24/58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Joseph Buchanan Missouri	
21. I attended the deceased from April 56 to 30 Oct 58 and last saw her alive on 30 Oct 58 Death occurred at 8:10p. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Motherhead</i> (Deceased or title)			22b. ADDRESS 2603 Fredrick		22c. DATE SIGNED 11-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/1/1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Topeka Kansas
24. FUNERAL DIRECTOR Newton Bowman		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Nov. 7, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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 *William Spalding*
Signature of Licensed Embalmer

Licensed Embalmer No. *4535*

P. O. Address *St Joseph 9700*

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.