

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004364

STATE FILE NUMBER

FILED MAR 11 1958 Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Savannah</b>		c. CITY OR TOWN <b>Savannah</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>1106 High</b>		d. STREET ADDRESS (If outside, give location) <b>1106 High</b>	
3. NAME OF DECEASED (Type or print) First <b>LULA</b> Middle <b>MAGDALENA</b> Last <b>MARTIE</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>25</b> Year <b>1959</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>may 17, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo.</b>
13a. FATHER'S NAME <b>Gottlieb Steeby</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Moser</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <b>A. C. Martie</b>
17. INFORMANT Address <b>Mrs. Abra Farmer, Savannah, Mo.</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Cerebral Arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Pyelonephritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>years.</b>
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. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>June 15, 1949</b> to <b>Feb. 25, 1959</b> and last saw her alive on <b>Feb. 24, 1959</b> Death occurred at <b>1:10 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. Maxwell, D.O.</b>		22b. ADDRESS <b>307 W. Main Savannah, Mo.</b>	22c. DATE SIGNED <b>2/26/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/27/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>
23d. LOCATION (City, town, or county) <b>Savannah, Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Breit Funeral Home, Savannah, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	26. REGISTRAR'S SIGNATURE <b>Killeen Parks</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare Public Service

300 -57

Causes in Part I must be causally related.

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 *James B. Hawkins* .....  
Licensed Embalmer No. *4536* .....  
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.