

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014217
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 237 Primary Registration District No. 4353 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Gideon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Gideon</i> 0720 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i>		Length of stay in 1b <i>13 yrs.</i>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>MARTHA MELVINA LECROY</i>			4. DATE OF DEATH Month Day Year <i>4-20-1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-13-1892</i>	9. AGE (In years last birthday) <i>66</i>	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None.</i>	11. BIRTHPLACE (City and state or country) <i>Marshall Co. Ala.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Joe Chrisman</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Foshee</i>		14. NAME OF HUSBAND OR WIFE <i>Martin L. Lecroy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Name <i>Virgil Lecroy</i> Address <i>Gideon, Mo.</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Stomach</i>		INTERVAL BETWEEN ONSET AND DEATH <i>151X</i>
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 (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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 _____ to _____ and last saw her/him alive on _____
Death occurred at *10:55 p.m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>4-21-59</i>
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <i>4-23-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Starfield Ceme</i>	23d. LOCATION (City, town or county) (State) <i>Clarkton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Lloyd Russell Piggot</i>	25. DATE RECD. BY LOCAL REG. <i>4-23-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs F. G. Hopkins</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

1
D. J. K.

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 *Lloyd M. Russell*
Licensed Embalmer No. *509-116*
P. O. Address *Jiggott Ark*

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.