

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017504

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 137 Primary Registration District No. Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <i>Henry.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Windsor</i> 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>202 N. Smith</i>		Length of stay in lb <i>6 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>202 N. Smith</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>MARGARET D. MARTI</i>			4. DATE OF DEATH Month Day Year <i>May 25, 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>Feb. 21, 1980</i>
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Johnson County Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>John Richardson</i>	13b. MOTHER'S MAIDEN NAME <i>Drew</i>
14. NAME OF HUSBAND OR WIFE <i>Fred Marti</i>		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 <i>Hale Marti</i>		Address <i>Windsor 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>Acute Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic Hypertensive Heart Disease.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>20 min.</i> <i>3-4 yrs</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 <i>9-17-53</i> to <i>5-25-59</i> and last saw her alive on <i>5-25-59</i> Death occurred at <i>9:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not print name) <i>Claude M. Thurber MD</i>		22b. ADDRESS <i>Windsor, Mo</i>	22c. DATE SIGNED <i>6-3-59</i>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <i>May 27, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>
24. FUNERAL DIRECTOR <i>E. M. Huston</i>		25. DATE RECD. BY LOCAL REG. <i>6-5-59</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigman</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ellis M. Huston*

Licensed Embalmer No. *3391*
P. O. Address *Winson Mo.*

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.