t. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020629
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau, Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cape Ostapathic Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miss.
c. CITY OR TOWN East Prairie, Mo. — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Wolf Island Township — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Ona — Middle Sue — Last Martin

4. DATE OF DEATH: Month June — Day 16 — Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 27, 1919

9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Near East Prairie, Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse A. Coffer

13b. MOTHER'S MAIDEN NAME: Bessie Smith

14. NAME OF HUSBAND OR WIFE: Elza Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Elza Martin — Address: East Prairie, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Ileus — 4 days

DUE TO (c) Rheumatic heart disease — approx. 35 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pericarditis 416X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 WORK [ ] NOT WHILE AT WORK [ ]

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 6/12/59, to 6/16/59 and last saw her alive on 6/16/59
Death occurred at 10:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. M. Stevenson, D.O. 2

22b. ADDRESS: Hirsch Bldg., Cape Girardeau, Mo.

22c. DATE SIGNED: 6/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/18/59

23c. NAME OF CEMETERY OR CREMATORY: Anniston Cemetary

23d. LOCATION (City, town, or county) (State): Anniston Missouri

24. FUNERAL DIRECTOR: Travis Shelby Jr. — ADDRESS: East Prairie, Missouri

25. DATE RECD. BY LOCAL REG.: 6-23-1959

26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 29 1959

JUL 28 1959

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 [illegible]

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

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.