

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-032115

## FILED VS OCT 5 1959

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 244

STATE FILE NUMBER

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clinton</b>  |   | c. CITY OR TOWN <b>Clinton</b>  |  |
| Length of stay in 1b<br><b>30 Days</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>502 E. Grand River St.</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>502 E. GrandRiver St.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Barbara</b> Middle <b>Ellen</b> Last <b>Martin</b>   |   | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>1</b> Year <b>1959</b>   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/17/1884</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>House Keeper</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><b>75</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Henry Co. Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Frank Smith</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Frances Smethers</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Claude J. Martin</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                       |  |
| 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT<br><b>Claude J. Martin, Clinton, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>DUE TO (b) <b>Pulmonary Embolism, Multiple</b><br>DUE TO (c) <b>General Debility + Inanition</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>HR</b><br><b>HR</b><br><b>WKS.</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Atherosclerosis Generalized</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour Month, Day, Year<br>a.m. p.m.  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <b>January 1959</b> to <b>Oct. 1, 1959</b> and last saw her alive on <b>Oct. 1, 1959</b><br>Death occurred at <b>2:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><b>Arturo Gonzalez</b> (Degree or title)   |   | 22b. ADDRESS<br><b>117 E Jefferson Clinton</b>  | 22c. DATE SIGNED<br><b>10-1-59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Oct. 3, 1959</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Englewood Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Clinton, Mo.</b>   |
| 24. FUNERAL DIRECTOR<br><b>H.A. Vansant, Clinton, Mo.</b>  | ADDRESS   | 25. DATE RECD. BY LOCAL REG.<br><b>Oct. 2-1959</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Bigum</b>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *J. A. Vansant*

Licensed Embalmer No. 3779

P. O. Address *Clinton,*

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.