

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043004

FILED VS NOV 25 1959

STATE FILE NUMBER

Registration District No. 3250 Primary Registration District No. 4450 Registrar's No. 448029

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greentop</u>		Length of stay in 1b <u>2 Months</u>	c. CITY OR TOWN <u>Unionville R.F.D.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Greentop Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Elm Township</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Lucinda Belle Martin</u>			4. DATE OF DEATH Month Day Year <u>Nov. 11 1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-2-1876</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Putnam County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lee Mullenix</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Beard</u>	14. NAME OF HUSBAND OR WIFE <u>Hugh D. M. Martin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Neal Martin</u>	Address <u>Unionville, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cerebral anoxia</u>	
	DUE TO (c) <u>ted Cerebral thrombosis</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u>2</u> Month, Day, Year <u>11-11-59</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Greentop, Missouri</u>	COUNTY <u>Putnam</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>10-5-59</u> to <u>11-11-59</u> and last saw her alive on <u>11-11-59</u> Death occurred at <u>3:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Neal DD</u> (Degree or title)	22b. ADDRESS <u>Greentop, Missouri</u>	22c. DATE SIGNED <u>11-13-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 15 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Martinstown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Comstock Funeral Home</u> Address <u>Unionville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-15-59</u>	26. REGISTRAR'S SIGNATURE <u>R. J. Drake</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
AUG 2 9 1949

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 W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville,

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.