

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033768

FILED VS OCT 4 1960

Registration District No. 25 Primary Registration District No. 5094 Registrar's No. 23

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		Length of stay in 1b <u>1 yr</u>	c. CITY OR TOWN <u>Rich Hill-Rt 4</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 Mile East Rich Hill</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3 Mi. East-Rich Hill</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>HENRIETTA</u> Middle <u>MARTIN</u> Last			4. DATE OF DEATH Month <u>September</u> Day <u>28</u> Year <u>1960</u>	
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/11/81</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>78</u> Days	IF UNDER 24 HR Hours <u></u> Min.
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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>Chariton County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Baxter</u>	13b. MOTHER'S MAIDEN NAME <u>Malinda Linscott</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. R. Martin (deceased)</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>Marion Martin-Rich Hill, Missouri</u>	Address
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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>Generalized abdominal carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>carcinoma of uterus</u>	<u>7 yrs.</u>
	DUE TO (c)	

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 there a 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></u> a.m. / p.m. Month, Day, Year	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
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21. I attended the deceased from <u>June 8, 1960</u> , to <u>Sept. 28, 1960</u> and last saw her/him alive on <u>Sept. 27, 1960</u> Death occurred at <u>Sept 28, 1960 4:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>M.O. Bierke, D.O.</u> (Degree or title)	22b. ADDRESS <u>Rockville, Mo.</u>	22c. DATE SIGNED <u>9/29/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Brunswick</u>	23b. DATE <u>9-30-'60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brunswick</u>	23d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>
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24. FUNERAL DIRECTOR <u>Booth Funeral Serv.-Rich Hill, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-10-1-'60</u>	26. REGISTRAR'S SIGNATURE <u>Edna Douglas</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Under
Licensed Embalmer No. 358
P. O. Address Butler

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.