

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-000075

STATE FILE NUMBER

FILED VS. JAN 17 1961

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 4

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mexico</b>   |   | Length of stay in 1b<br><b>82 yrs.</b>  | c. CITY OR TOWN <b>Mexico</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>The Phillips Home</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>325 N. Missouri</b>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>SOPHIA</b> Middle <b>E.</b> Last <b>MARTIN</b>   |   |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>7</b> Year <b>1961</b>  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 11, 71</b>  | 9. AGE (last birthday)<br><b>89 yrs.</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Metropolis, Ill.</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Mathew Schaible</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Martha B. Haarer</b>  |   | 14. NAME OF HUSBAND OR WIFE  |  |
| 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.   | 17. INFORMANT Address<br><b>Mrs. L.E. Mathieson, Mexico, Mo.</b>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremic Coma</b>   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |   |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>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  |  |
| 21. I attended the deceased from <b>May 4 1960</b> to <b>Jan 7 1961</b> and last saw her/him alive on <b>Jan 6 1961</b><br>Death occurred at <b>5 am.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles L Garcia MD</b>   |   |   | 22b. ADDRESS<br><b>Ambers #10</b>   |  | 22c. DATE SIGNED<br><b>Jan 9 1961</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>JAN-10-1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood</b>  | 23d. LOCATION (City, town, or county)<br><b>Mexico, Mo.</b>   |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Precht-Hueston, Mexico, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN-9-1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>   |  |  |

**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 Thomas M. Emmons Jr.

Licensed Embalmer No. 5064

P. O. Address Mexico, 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.