# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-010176
STATE FILE NUMBER

AMENDED

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 15

FILED MAR 22 1961

1. PLACE OF DEATH
a. COUNTY: Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Unionville — Length of stay in 1b: 40 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mrs. Luckeys Home (Union St.) — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Putnam
c. CITY OR TOWN: Unionville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): North 19th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Myrtis Middle: Badoura Last: Martin
4. DATE OF DEATH: Month: March Day: 11 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/16/1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 9 Days 25 — IF UNDER 24 HR: 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: Own Home
11. BIRTHPLACE (City and state or country): Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William Scott
13b. MOTHER'S MAIDEN NAME: Sarah Mehls
14. NAME OF HUSBAND OR WIFE: Crate 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: Crate Martin Jr. Address: Downing, Mo.

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): Uremia Poisoning — INTERVAL BETWEEN ONSET AND DEATH: weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis of
DUE TO (c): hypertension — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 June 6-60 to Mar 11-61 and last saw her alive on Mar 11-61
Death occurred at 12:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas. L. Judd (Degree or title)
22b. ADDRESS: Unionville, Missouri
22c. DATE SIGNED: 3/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/13/61
23c. NAME OF CEMETERY OR CREMATORY: Unionville Cemetery
23d. LOCATION (City, town, or county) (State): Unionville, Mo.

24. FUNERAL DIRECTOR: Comstock Funeral Home ADDRESS: Unionville, Mo.
By John N. Comstock
25. DATE RECD. BY LOCAL REG.: 3-13-61
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

**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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Lyonsville, 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.