

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1962 169

-62-047469

Registration District No. 169 Primary Registration District No. 5595 Registrar's No. 151

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10500

210102

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>St. Louis Jefferson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Shannon</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fenton, Mo.</i>		Length of stay in 1b	c. CITY OR TOWN <i>Eminence</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Lucy</i> Middle <i>MARTIN</i> Last <i>MARTIN</i>			4. DATE OF DEATH Month <i>DEC</i> Day <i>10</i> Year <i>1962</i>			
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/15/93</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Eminence, Mo.</i>		
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>James Meade</i>	13b. MOTHER'S MAIDEN NAME <i>Rada Conway</i>		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) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>J. Dale Martin</i> Address <i>Fenton, Missouri</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis Les & Brain Arteries</i> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY Hour <i>1961</i> Month, Day, Year <i>1962</i>			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		COUNTY STATE		
21. I attended the deceased from <i>1961</i> and last saw her <i>Oct 1962</i> alive on <i>Oct 1962</i> . Death occurred at <i>Delmar Drive Fenton, Mo</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Leona Lehner</i> (Degree or title)			22b. ADDRESS <i>1065 Harris Fenton Mo</i>		22c. DATE SIGNED <i>12/10/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12/13/62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New City Cemetery</i>		23d. LOCATION (City, town, or county) <i>Eminence, Mo.</i> (State)		
24. FUNERAL DIRECTOR <i>Fieser Funeral Parlor Fenton, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>12-13-62</i>	26. REGISTRAR'S SIGNATURE <i>Robert E Bauer</i>		

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

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

Charles D. ...

Licensed Embalmer No. 5107

P. O. Address Wm. ...

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.