

Public Health Service

100-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

8070 STATE FILE NUMBER 3076 Registrar's No. 108

Registration District No. 77 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN JEFFERSON TOWNSHIP		c. CITY OR TOWN JEFFERSON CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R # 5 Jefferson City		d. STREET ADDRESS R # 5 Jefferson City	

3. NAME OF DECEASED (Type or print) First MARY Middle ISABELLA Last MARTIN			4. DATE OF DEATH Month MARCH Day 10 Year 1957		
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 2 Days 9 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	11. BIRTHPLACE (City and state or country) CALIFORNIA, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME DANIEL HOUGH			14. MOTHER'S MAIDEN NAME MARY ELIZABETH BRIGGIT		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MRS. JOHN WELCH J. C. MO.		

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>apoplexy</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>hypertension</i>		
		DUE TO (c) <i>arteriosclerosis</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>334X</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 Month, Day, Year a. m. p. m.				

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 <i>May 1940</i> to <i>March 1957</i> and last saw her alive on <i>March 4, 1957</i> . Death occurred at <i>10:05</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>R.P. Davis, D.O.</i> (Degree or title)		22b. ADDRESS <i>California, Mo.</i>		22c. DATE SIGNED <i>3/13/57</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/13/57	23c. NAME OF CEMETERY OR CREMATORY Annunciation	23d. LOCATION (City, town, or county) (State) California, Mo.
24. FUNERAL DIRECTOR <i>Sylvester Dulle</i> ADDRESS J. C. MO.	25. DATE RECD. BY LOCAL REG. <i>23 March 1957</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Davis, MD-MR.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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..... *Sylvester Gulle*

Licensed Embalmer No. *43*

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.