

FILED MAY 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12023

270
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 4145 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PRairie Home Mo</u>		c. LENGTH OF STAY (In this place) <u>15 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PRairie Home Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0971</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRairie Home Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>0971</u>		
3. NAME OF DECEASED a. (First) <u>DELITHA</u> (Type or Print)			b. (Middle) <u>ANN</u>		c. (Last) <u>MARTIN</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 10 - 1865</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	13. FATHER'S NAME <u>SAMUEL RHODES</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>SAMUEL RHODES</u>		13b. MOTHER'S MAIDEN NAME <u>SAVANA JOHNSTON</u>		14. NAME OF HUSBAND OR WIFE (DEAD) <u>JOHN MARTIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Martha B. Collet 215 1/2 S. Bondy</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Uterus</u>			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>174X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>June 1950</u> , to <u>4/19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/10</u> , 19 <u>51</u> , and that death occurred at <u>Hill</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>M. De Craegu MD</u>		23b. ADDRESS <u>Bronville Mo</u>		23c. DATE SIGNED <u>4/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 22/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PISCATAH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PISCATAH Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/28/51</u>		REGISTRAR'S SIGNATURE <u>U.T. Delitha</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C. Albert Hornbecks Prairie Home Mo</u>	

RECEIVED 5-1-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 5-1-51 _____

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 _____
Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Crause Home 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 this body is not embalmed, fact should be so stated above.