

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25816

State File No. 1837  
Registrar's No. 125

FILED JUL 17 1951

REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

972

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>2 months, 21 days</b>		d. STREET ADDRESS (If rural, give location) <b>878 South Ellsworth St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon hospital</b>			
3. NAME OF DECEASED a. (First) <b>Iza Ann</b>		b. (Middle) <b>Martin</b>	
c. (Last) <b>Black</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9th, 1951.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 24th, 1875</b>
9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR <b>4</b> Months <b>15</b> Days	IF UNDER 2 HRS. <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Martin</b>		13b. MOTHER'S MAIDEN NAME <b>Emily Doan</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>-----</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs C.G. Page, Slater, Missouri</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Stroke (3) Pate</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>88224 32</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Nov. 24 50</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>(3) Cerebral infarct to neuro. Hematom 054</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <b>Accidents</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Highway near Marshall</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lexington 200</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11 24 50 1 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>Car turn curve</b>	
22. I hereby certify that I attended the deceased from <b>April 18</b> , 19 <b>51</b> , to <b>July 9</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>July 9</b> , 19 <b>51</b> and that death occurred at <b>9:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. E. Leetwong, M.D.</b>		23b. ADDRESS <b>Slater Mo.</b>	
23c. DATE SIGNED <b>July 11 51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 11, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
DATE REC'D BY LOCAL REG. <b>July 11-1951</b>	REGISTRAR'S SIGNATURE <b>Sidney J Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>385-</b>	ADDRESS <b>CAMPBELL-LEWIS-MARSHALL-Mo.</b>

RECEIVED 7-16-21

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-16-21 .....

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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James A. Lewis Jr.*  
Licensed Embalmer No. *4709*  
P. O. Address *Marshall, 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.