

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7852**

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **5312** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marks Fork		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clarks Fork Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.		d. STREET ADDRESS (If rural, give location) Rural Near Lone Elm,	

3. NAME OF DECEASED (Type or Print)	a. (First) Sophia	b. (Middle) King	c. (Last) Martin	4. DATE OF DEATH (Month) (Day) (Year) March 14 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 29 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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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 (State or foreign country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME John King	13b. MOTHER'S MAIDEN NAME Sophia Fredmeyer	14. NAME OF HUSBAND OR WIFE Richard S. Martin.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Edgar Kaiser, Boonville, Mo.	ADDRESS R.F.D.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) aging process		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6 Dec**, 19**51**, to **14 Mar**, 19**52**, that I last saw the deceased alive on **26 Feb**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Paine (Degree or title) MS	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED 3/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 16 1952	24c. NAME OF CEMETERY OR CREMATORY Lone Elm Lutheran	24d. LOCATION (City, town, or county) (State) Cooper County, Missouri.
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DATE REC'D BY LOCAL REG. 3/20/52	REGISTRAR'S SIGNATURE U. T. Meredith 442	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 J. H. Goodman.....

Licensed Embalmer No. 1178.....

P. O. Address Keosauqua, 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.