

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42757

State File No. _____

DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 46

570

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>	
c. LENGTH OF STAY (In this place) <u>78 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>1570</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>AGNES</u>	c. (Last) <u>Wing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1952</u>
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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>Mar 4 1874</u>	9. AGE (In years last birthday) <u>78</u> <u>9</u> <u>8</u>	IF UNDER 1 YEAR Hours Min.	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Martinick</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kollash</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Wing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Beth Wing</u>	ADDRESS <u>Troy Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive gastric hemorrhage</u>	DUE TO (b) <u>Metastasis of C.A. of Pancreas</u>		<u>48 hrs.</u>
ANTECEDENT CAUSES	DUE TO (c) <u>Asphyx</u>		<u>2 years</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>18 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 March, 1950 to Dec 12, 1952; that I last saw the deceased alive on Dec. 12, 1952, and that death occurred at 10.45A.m.; from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Kelley</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Troy Mo.</u>	23c. DATE SIGNED <u>12-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 15 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mashed Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY, LOCAL REG. <u>12-17-52</u>	REGISTRAR'S SIGNATURE <u>Emma D. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>	ADDRESS <u>Troy Mo</u>
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APR 26 1957

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.

Signed _____

Wayne McLaughlin
Licensed Embalmer No. *35686*

Signed _____
Student Embalmer

P. O. Address *Irving 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.