

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029030

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 11 1961

1. PLACE OF DEATH

a. COUNTY

Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Fairview

Length of stay in 1b

Life

c. CITY

OR

TOWN

Deepwater

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

3 Miles West of Deepwater

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RR#1 Deepwater Mo

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

Nellie

First

Middle

Gay

Last

Martin

4. DATE OF DEATH

Month

Day

Year

August 31

1961

5. SEX

F female

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

11-30-92

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days 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

Housekeeping

11. BIRTHPLACE (City and state or country)

McComb Illinois

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Robert Houtchens

13b. MOTHER'S MAIDEN NAME

Mary Elizabeth Sweasy

14. NAME OF HUSBAND OR WIFE

Clifford Martin

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

Clifford Martin RR#1 Deepwater 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)

Myocardial Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Carcinomatosis

1 1/2 yrs

DUE TO (c)

Carcinoma of Thyroid Gland

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1959 to 8-31-61 and last saw her alive on 8-31-61

Death occurred at 4:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

Clinton L. Glassy

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

9-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-2-61

23c. NAME OF CEMETERY OR CREMATORY

Teays Chapel

23d. LOCATION (City, town, or county)

Henry Co

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sickman & Dunning

Clinton MO.

25. DATE RECD. BY LOCAL REG.

Sept. 5, 1961

26. REGISTRAR'S SIGNATURE

Walden Begum

(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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.