

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025707

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4499 4497 Registrar's No. 21

FILED JUN 26 1962

VS 300 Rev. 4/59	DATE AMENDED
1/0 20	
2/0 20	
3	
4 1	
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7 0	
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9 442X	
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11	
12 90-2	
13 3-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLARENCE</u>		c. CITY OR TOWN <u>CLARENCE</u>	
Length of stay in lb <u>60 YRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE — MARTIN</u>			4. DATE OF DEATH Month Day Year <u>JUNE 17 1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 29 1865</u>
9. AGE (last birthday) <u>96</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
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>HOUSEWIFE</u>	
11. BIRTHPLACE (City and state or country) <u>LEWIS COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>SAMUEL GLASSCOCK</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA HASTINGS</u>	
14. NAME OF HUSBAND OR WIFE <u>ELZIE MARTIN</u>			
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>NO</u>	
17. INFORMANT <u>ELSIE MARTIN</u>		Address <u>CLARENCE MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Uremia</u>			<u>3 days</u>
DUE TO (c) <u>Chronic Cardiovascular Renal Heart Disease</u>			<u>5 years</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>Aug. 10, 1953</u> to <u>June 17, 1962</u> and last saw her alive on <u>June 17, 1962</u> Death occurred at <u>7:42 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. B.L. Edrington D.O.</u>		22b. ADDRESS <u>Clarence, MO.</u>	22c. DATE SIGNED <u>6-20-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>6-20-62</u>	<u>MARBLEWOOD CEMETERY</u>	<u>CLARENCE MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>GREENING CLARENCE MO</u>		25. DATE RECD. BY LOCAL REG. <u>6-21-62</u>	26. REGISTRAR'S SIGNATURE <u>Marianne Simpson</u> <i>per Lucille Lasley</i>

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 Charles W. Steening

Licensed Embalmer No. 4625

P. O. Address Clarence 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.