

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13493

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5979		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Looney +wsp. /		c. LENGTH OF STAY (in this place) 78		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Looney Twsp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1, Brighton				d. STREET ADDRESS (If rural, give location) R.F.D. # 1, Brighton			
3. NAME OF DECEASED (Type or Print) MARTHA		a. (First) b. (Middle) CHARLOTTE		c. (Last) PRESLEY		4. DATE OF DEATH (Month) (Day) (Year) March 9, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 28 March 1870	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Polk County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elijah Blackburn		13b. MOTHER'S MAIDEN NAME Elizabeth Fender		14. NAME OF HUSBAND OR WIFE Poney L. Presley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Fisher, Brighton, Mo. Rt. 1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 5 Min =	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				4201	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1947, to 3-9, 1949, that I last saw the deceased alive on 3-8, 1949, and that death occurred at 1:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Max Fitch		(Degree or title) M.D.		23b. ADDRESS Springfield Mo		23c. DATE SIGNED 3-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Hickory Grove		24d. LOCATION (City, town, or county) (State) Polk County, Missouri	
DATE REC'D BY LOCAL REG. April 11, 1949		REGISTRAR'S SIGNATURE Ralph Gordon per Duell Gordon		25. FUNERAL DIRECTOR'S SIGNATURE Fred C. Thieme, Springfield, Mo.		ADDRESS	

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

RECEIVED

District Health Officer No. 7

Case & File Number 3-49-412

Date Filed 4-19-49

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 Fred C. Thieme

Licensed Embalmer No. 3681 2899

P. O. Address Springfield, 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.