

No. 300
10.48

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19080

State File No.

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Deunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Deunklin</u>	
b. CITY OR TOWN <u>Arbysd.</u>	c. LENGTH OF STAY (in this place) <u>2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbysd.</u> 35 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>EMMA</u>	c. (Last) <u>LANE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1949</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>Widow</u>	8. DATE OF BIRTH <u>March 5, 1877</u>	9. AGE (In years less birthday) <u>78-3-3</u>	IF UNDER 1 YEAR Months - Days - Hours - Min.	IF UNDER 100 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	11. BIRTHPLACE (State or foreign country) <u>Senath, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Albert Wickins</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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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>Jonah Lane, Arbysd, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis & Chronic nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>		4222	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <input checked="" type="checkbox"/>	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 2, 1946, to Jan 5, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert H. Martin M.D.</u>	23b. ADDRESS <u>Senath Mo</u>	23c. DATE SIGNED <u>6-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Mo. Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-27-49</u>	REGISTRAR'S SIGNATURE <u>Wm J J Lanier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service</u>	ADDRESS <u>Leachville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 749-686
Date Filed JUN 6 1949

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 _____

unembalmed

Student Embalmer No. _____

Working under my personal supervision.

Signed *H. H. Howard*

Signed _____
Student Embalmer

Licensed Embalmer No. *3959*

P. O. Address *Leachville, Ark*

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.